

**Kentucky Department for Public Health
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2010

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2010. It is submitted by the Kentucky Department for Public Health (DPH) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2010 Preventive Health and Health Services Block Grant is expected to be \$1,347,330. This amount is based on a funding update allocation table distributed by CDC in June 2010.

Proposed Allocation and Funding Priorities for FY 2010

Sexual Assault-Rape Crisis (HO 15-35): \$98,975 of this total is a mandatory allocation to the Kentucky Department for Community Based Services (DCBS), which provides this funding to thirteen Kentucky Rape Crisis Centers and their statewide coalition to provide medical and legal advocacy services to victims of rape and other sex offenses.

Health Care Access (HO 1-6): \$75,000 of this total will be utilized by the Healthcare Access Branch of DPH in coordination with the Kentucky Physicians Care Program, a network of volunteer physicians, dentists, and pharmacies who provide free or discount services to the uninsured.

Chronic Disease Initiative (HO 1-4): \$158,767 will be utilized to fund a Chronic Disease Initiative program including a program manager which will emphasize the use of evidence based decision tools for providers, chronic disease self management classes, and competency of providers caring for those with chronic disease..

Respiratory Disease Program (COPD HO 24-10): \$80,000 will be used to fund the Respiratory Disease Program for a .5 FTE Epidemiologist. Partnerships, data and tools are being developed in order to decrease health and cost burden for COPD.

Comprehensive Cancer Prevention (HO 3-1): \$178,600 will be used to provide fund a statewide awareness campaign, pilot projects in local communities with matching dollars for screening, and develop a navigation program in order to improve outreach and screening for colon cancer. Kentucky ranks third in the US for colon cancer death rates. Many of these deaths are preventable with early detection and screening.

Physical Activity Program (Adult HO 22-1 and Child HO 22-6): \$566,838 provides funding to local health departments for evidence based community physical activity programs and policy initiatives focusing on the built environment in order to impact individuals throughout the life continuum and improve life wellness. This program places 85% of the funds out into the local communities through the local health departments.

Osteoporosis Program (HO 2-9): \$105,150 will be used to provide funding to local/district health departments in Kentucky to provide awareness and education on Osteoporosis. A Matter of Balance and Falls Prevention Coalitions are projects for this program. Osteoporosis is a highly preventable disease with a high return on investment for prevention efforts.

Administrative costs associated with the Preventive Health Block Grant total \$84,000 which is 6.2% of the grant. These costs include funding 1 FTE to coordinate the preparation, annual reporting, evaluation and program meetings as well as communication with and holding required block grant meetings of the State Preventive Health Advisory Committee, and public hearings. There is also a 1.3% cost built into each program for Office of Information Technology/DataMart support.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives in Healthy People 2010*.

State Program Title: Chronic Disease Initiative

State Program Strategy:

GOAL: The Chronic Disease Initiative will focus on increasing collaboration and integration of chronic disease programs both within the Department for Public Health and with external partners. Special focus will be to enhance the capacity of health professionals and other partners to utilize best practice guidelines for chronic disease care and disease management and moving patients with chronic disease into and through the continuum of care in order to decrease disability and death.

PRIORITIES: Healthy Kentuckians 2010 goals set priority areas in Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. Many disparities remain and the intent is to eliminate as many of these disparities as possible. Attention to prevention and quality will demonstrate improved health care delivery and outcomes through an emphasis on:

- *Evidence-based decision support tools for providers
- *Support of patient self-management as a core element
- *Multidisciplinary health care teams and collaborative efforts

Primary Strategic Partners:

Internal: State Programs for Tobacco Prevention and Cessation, Obesity and Nutrition, Physical Activity, Heart Disease and Stroke, Osteoporosis and Arthritis, Respiratory Disease, Oral Health, and Diabetes Prevention and Control, Health Care Access Branch, Department for Medicaid Services, Department for Aging and Independent Living and Maternal and Child Health State Programs.

External: Kentucky Medical Association, Humana and Passport (Medicaid Managed Care) Health Plans, Health Care Excel (state QIO), University of Louisville and Kentucky, State Office of Minority Empowerment, local and district health departments, Federally Qualified Health Centers, faith based communities and Free Clinic Association.

Role of the PHHSBG: Provided start up funds in FY 2008 for a Chronic Disease Initiative beginning with a consistent message addressing chronic disease called "Everything Counts". A program manager was selected in July 2008 and has begun development, and coordination of the program. The specific activities will be to develop partnerships with internal and external groups and individuals listed above, to distribute evidence based materials and support information and plan an annual collaborative meeting as well as promoting NACDD Chronic Disease Competencies to local/district health department staff. The Chronic Disease Program is located within the Division of Prevention and Quality Improvement/Chronic Disease Prevention Branch. Internal chronic disease programs are funded through state allocations.

Evaluation Methodology: The effectiveness of the program will be evaluated internally through reporting and surveys related to the Unnatural Causes DVD, CDSMP program, completion of competencies as well as following KY BRFSS data related to risk factors, chronic diseases, and disability. Additional data from Medicaid and report sharing through the Kentucky Alliance for Health Care Quality Improvement (KAHQI) will be analyzed. Hospital utilization data for chronic disease will continue to be monitored using the Kentucky Hospital Discharge Utilization report available through the Office of Health Policy.

National Health Objective: 1-3 Counseling about health behaviors

State Health Objective(s):

Between 10/2007 and 09/2010, Between October 2007 and September 2010, increase the proportion of people who receive information and appropriate counseling regarding preventive care and healthy behaviors.

State Health Objective Status

Met

State Health Objective Outcome

There has been an increase in the proportion of people who receive information and appropriate counseling regarding preventive care and healthy behaviors through the local health department system, colon cancer prevention screening program, tobacco cessation programs, chronic disease self management, diabetes and heart disease and stroke programs and physical activity programs.

Reasons for Success or Barriers/Challenges to Success**Reasons for Success**

- A monthly integrated meeting between the Health Promotion Branch and the Chronic Disease Prevention Branch was established. Through this monthly meeting integrated messaging and opportunities to collaborate on projects were developed, planned and implemented.
- Local health departments in KY receive funding through a budget and plan process for health promotion activities

Barriers

- Categorical funding sometimes makes collaboration difficult regarding ideas
- People do not keep/use materials given to them so messaging had to be reconstructed
- Limited access for structured physical activity in some areas

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to find small projects to work together on building up to larger projects
- Share staff and resources on specific projects
- Engage new partners who are enthusiastic about integration
- Utilize policy change and systems change such as those methods introduced by healthcare reform

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Over 12 million dollars is distributed to each of the 57 local health departments through a state spread of prevention dollars for clinical services and health education. They additionally may use their local tax dollars for health promotion, interventions and activities

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Development of consistent and integrated chronic disease prevention and control messaging**

Between 10/2009 and 09/2010, The Chronic Disease Initiative Coordinator will establish 3 training methods on a consistent message of chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Chronic Disease Initiative Coordinator established 3 training methods on a consistent message of chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Success

- Utilized a proven evidence based training with website support - Unnatural Causes to train on health equity and social determinants of health.
- Developed and utilized the Everything Counts health messaging brochure which takes the place of multiple handouts
- Collaborated with the Department of Aging to develop a sustainable Chronic Disease Self Management group of lay leaders

Strategies to Achieve Success or Overcome Barriers/Challenges

The key to success of these interventions was working collaboratively. On our own we could not have accomplished this objective.

Activity 1:**Everything Counts**

Between 10/2009 and 09/2010, Complete development of the Everything Counts healthy living patient education tool, distribute to all 56 local and district health departments and provide training for appropriate use.

Activity Status

Not Completed

Activity Outcome

1. The Everything Counts healthy living patient education tool has been developed and has been tested at the Kentucky State Fair for attendees at the Healthy Horizons center.
2. The Everything Counts healthy living patient education tool has been reviewed by the quality team at KDPH.
3. The Everything Counts healthy living tool is not yet available to all healthcare providers or on the website

Reasons for Success or Barriers/Challenges to Success

Challenges to Success

- The tool has not been distributed to all 57 health departments due to printing costs

Strategies to Achieve Success or Overcome Barriers/Challenges

- Consider on demand/online printing
- Allow health departments to test and determine the tools usefulness with selected groups

Activity 2:**Stanford Chronic Disease Self Management Training**

Between 12/2009 and 09/2010, Provide one lay health leader training for 20 persons through contract with current CDSMP T-Trainer at the University of Louisville.

Activity Status

Completed

Activity Outcome

The University of Louisville provided a training in March 2010 for lay leaders for CDSMP.

Reasons for Success or Barriers/Challenges to Success

Success

- There was an ongoing relationship already established
- The Department of Aging and KDPH collaborated on an ARRA grant and are working together to provide CDSMP training and outreach
- There is a T Trainer in KDPH who also assisted with the class

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborative relationships and leveraging of resources.

Activity 3:

Unnatural Causes Focus Groups

Between 10/2009 and 01/2010, Utilize 60 copies of "Unnatural Causes" DVD purchased in 2009 for distribution through MOA process to local and district health departments in Kentucky, universities, hospitals and other organizations and provide training and toolkit on use to increase knowledge of health equity of health professionals in the state.

Activity Status

Completed

Activity Outcome

The Unnatural Causes videos were purchased and have been utilized by local health departments, universities and hospitals to provide training on health equity and social determinants of health.

Reasons for Success or Barriers/Challenges to Success

Success

- Collaborated with the Diabetes Program to make it part of competency training requirements in the local health departments
- Utilized training over the state wide video conference capability which generated interest
- Used lunch and learns internally
- Offered to coalition partners such as the Kentucky Cancer Consortium

Barriers

- Not all partners have returned their pre and post surveys after using the videos
- Not all partners use all of the discussion tools available on the website

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue contact and email list serve to see how the series has impacted health equity knowledge and care

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Chronic Disease Integration Collaborative

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch will conduct 6 integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch conducted six integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Reasons for Success or Barriers/Challenges to Success**Success**

- Knowledge that funding streams are changing
- State furloughed days made collaboration on projects a must
- Most programs are engaged in integration
- NACDD tools

Barriers

- Categorical funding and objectives makes some program staff nervous about sharing staff and resources
- Multiple changes in leadership and staffing in Health Promotion branch

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to schedule monthly meetings - although usually are held every other month.
Continue to focus on integration of objectives and sharing of resources and staff.

Activity 1:**Integration Training**

Between 10/2009 and 09/2010, Each program lead will participate in integration sessions at CDC and NACDD conferences and provide reports back at integration meetings in order to educate all team members.

Activity Status

Completed

Activity Outcome

This was accomplished at several of the CDC annual conferences for categorical programs, but mostly by participating in the NACDD Integration Conference calls.

Reasons for Success or Barriers/Challenges to Success

- Ability to take part in conference calls.
- Presentations by the four states chosen for the Chronic Disease Integration grant for Diabetes, Tobacco and Healthy Communities

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to seek out and participate in training opportunities and updates.

Activity 2:**Integration Meetings**

Between 10/2009 and 09/2010, Each member of the Health Promotion Branch and Chronic Disease Prevention Branch will participate in bi-monthly integration meetings for development of a fully integrated state wide chronic disease prevention plan.

Activity Status

Not Completed

Activity Outcome

- Although the meetings are scheduled monthly, many have been canceled due to other pressing needs or because of multiple staffing changes.
- A retreat was planned for the programs for August 2010 but was canceled because of leadership changes and open positions.

Reasons for Success or Barriers/Challenges to Success**Barriers**

- Resignations as well as layoffs
- Fears of being made to share funding

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work on small projects together and document all integration efforts.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:****Utilizing KY and National TRAIN to provide competency modules.**

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch Program leads in cooperation with the Workforce Development Branch will develop 3 competency modules which will improve the Chronic Disease Prevention and Control at the local level.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch Program leads in cooperation with the Workforce Development Branch developed 4 competency modules which will improve the Chronic Disease Prevention and Control at the local level.

Reasons for Success or Barriers/Challenges to Success

- Utilized the Unnatural Causes video training series to work towards competency on health equity and social determinants of health.
- Asthma Educators Institute was held twice for local health department staff and school nurses
- Diabetes Program has multiple online modules with CE
- Colon Cancer Screening Program offered on training on colon cancer screening update via videoconference to all 57 local health departments through the Kentucky Public Health Nurses meeting

Strategies to Achieve Success or Overcome Barriers/Challenges

- There has not been enough time to develop modules for each program but each program has begun work on them

Activity 1:**Competency Module Development**

Between 10/2009 and 09/2010, Competency modules will be developed on Asthma, COPD, Diabetes, Heart Disease and Stroke, Osteoporosis, and Colon Cancer and will be accessible 24 hours a day on the TRAIN website for learning and certificate process.

Activity Status

Not Completed

Activity Outcome

Diabetes, Asthma and Osteoporosis have training modules that are accessible on the TRAIN website.

Reasons for Success or Barriers/Challenges to Success**Barriers**

- Some programs have only one staff member
- Changes in module development in the Workforce Development Branch

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work to develop modules or use other already established online training from trusted sources.

Activity 2:

Evaluation of TRAIN modules

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch Program leads will monitor use and reach of competency modules and satisfaction with online learning process.

Activity Status

Completed

Activity Outcome

The Diabetes and Osteoporosis modules are monitored for use and evaluation of effectiveness.

Reasons for Success or Barriers/Challenges to Success

- Ease of use
- Collaboration with Workforce Development

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to look at effectiveness of this mode of training.

Activity 3:

NACDD Chronic Disease Competencies

Between 10/2009 and 09/2010, One introductory module on Chronic Disease Competencies utilizing the NACDD framework will be developed and placed on the TRAIN network for use by local public health agencies.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

- The Chronic Disease Initiative Program Manager left the position and no approval to replace has been confirmed

Strategies to Achieve Success or Overcome Barriers/Challenges

- Reevaluate the need for an online training
- Provide training through webinars for just in time training
- Look for other sources and resources of training

Impact/Process Objective 2:

Registered Nurse Role Expansion at the local health department

Between 10/2009 and 09/2010, The Chronic Disease Initiative Program Lead through contract with the University of Louisville School of Medicine will establish 2 annual four day trainings and a six month

preceptorship at the local health department on the Adult Preventive Physical Assessment Exam.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Chronic Disease Initiative Program Lead through contract with the University of Louisville School of Medicine established 2 annual four day trainings and a six month preceptorship at the local health department on the Adult Preventive Physical Assessment Exam.

Reasons for Success or Barriers/Challenges to Success

Success

- In mid year the contract was changed to a Regional Training Center at the Madison County Health Department
- This has allowed ongoing training rather than just the 2 trainings each year
- The process is by modules and then onsite training with preceptorship at the nurses local health department

Strategies to Achieve Success or Overcome Barriers/Challenges

- Utilized proven partnerships with contractual goals
- Establish online module training limiting the need for travel
- Continue to evaluate effectiveness

Activity 1:

University of Louisville School of Medicine Four Day Training

Between 10/2009 and 09/2010, Two four day training sessions on the Adult Physical Exam will be conducted by an Advanced Practice Nurse at the University of Louisville using both didactic and standardized live patients.

Activity Status

Completed

Activity Outcome

The four day trainings have been changed to twelve online modules covering all assessment of body systems, history and physical and coding with a limited onsite review and then preceptorship at the local health department.

Reasons for Success or Barriers/Challenges to Success

Changed to a format utilized by colleges of nursing throughout the United States.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to monitor effectiveness and reach.

Activity 2:

Preceptorship

Between 10/2009 and 09/2010, Preceptorship of six months will be completed at the local health department to develop skills and a certificate will be issued from the Kentucky Department for Public Health in a cooperative agreement with the Department for Medicaid Services prior to performing and billing for the Adult Preventive Physical Exam.

Activity Status

Completed

Activity Outcome

The standards and policy surrounding preceptorship at the local health department are established.

- Preceptorship form must be signed by the nurse, preceptor and local health department director
- Certificates are issued after all paperwork is submitted verifying completion of precepted exams

Reasons for Success or Barriers/Challenges to Success

Working with Advanced Practice Nurses at the Regional Training Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue collaborative and contractual relationship to determine effectiveness and value of program.

State Program Title: Comprehensive Cancer Prevention and Control Program

State Program Strategy:

Goal: Reduce the burden of colon cancer in Kentucky by decreasing colorectal cancer incidence and mortality rates through education and awareness and increased screening rates.

Priorities: Develop and enhance existing partnerships which will address colon cancer on both a state and local basis. Develop a process to communicate the importance of colon cancer screening so that clear consistent messages using evidence based guidelines are utilized. Identify barriers to colon cancer screening on a local level and improve access and awareness.

In the 2008 Kentucky legislative session, House Bill 415, which provides for development of a colon cancer screening program for the uninsured was passed. Unfortunately, funding was not appropriated at this time. It is well known, that screening reduces mortality both by decreasing incidence (removing polyps before they are cancer) and by detecting a higher proportion of cancers at early, more treatable stages. Efforts are underway by the Colon Cancer Advisory Committee and a workgroup called the Colon Cancer Prevention Committee to address colon cancer screening and obtain funding and/or access through volunteer and locally funded projects until private or state or federal funds can be obtained.

Cancer incidence and mortality can be reduced in Kentucky through access to health education and screening tests. Kentucky has a local health department in each county. Efforts to make cancer screening, information, and referral services available and accessible are essential for reducing incidence and mortality from colorectal cancer.

The Department for Public Health (DPH) Comprehensive Cancer Control Program is partnering with all 56 local and district health departments to provide activities related to colon cancer education and screening. These will be done in collaboration with the statewide Colon Cancer Prevention Committee.

Primary Strategic Partners:

Internal partners: Health Promotion Branch with the Tobacco Control Program and the Physical Activity, Obesity and Nutrition Programs, KY Breast and Cervical Cancer Program, and the Department for Medicaid Services.

External partners: Colon Cancer Prevention Project, Kentucky Cancer Consortium, American Cancer Society, Kentucky Cancer Program, Kentucky Medical Association, Kentucky Hospital Association and local/district health departments and FQHC network.

Role of PHHSBG Funds: The role of the Block Grant in this program is to allocate funds to every local/district health department to provide at least one colon cancer screening education and awareness strategy for FY 2009.

Evaluation Methodology: Local/district health departments are required to submit a budget plan prior to the fiscal year indicating the objective, strategy and activity that will be provided for colon cancer prevention. These strategies are chosen from an evidence based list including the CDC Screen for Life program and other activities in collaboration with the Kentucky Cancer Consortium and the Kentucky Cancer Program. Data will be entered into the state Community Health Services database/reporting system on activities and participation. At least five local/district health departments will be visited throughout the year and success stories will be solicited from these activities. A survey will be conducted regarding effectiveness of strategies utilized. BRFSS, Kentucky Cancer Registry and SEER data will be used to evaluate long term progress toward achieving the primary goal of reducing incidence and mortality from colon cancer. The program manager will summarize and analyze data from these sources in order to document progress.

National Health Objective: 3-5 Colorectal cancer deaths

State Health Objective(s):

Between 10/2007 and 12/2010, Decrease colon cancer death rate in Kentucky to no more than 23.5 per 100,000 persons in the state.

State Health Objective Status

Exceeded

State Health Objective Outcome

The trended data for 2002-2006 which is now available shows that the colon cancer death rate for Kentucky is 21.23 according to the Kentucky Cancer Registry.

Initial data furnished by the Kentucky Cancer Registry shows that rate has continued to fall and for years 2006-2009 is now at 18.9.

Reasons for Success or Barriers/Challenges to Success

1. There are multiple partners invested in the prevention and early detection of colon cancer
2. There is a Kentucky Revised Statute mandating a Colon Cancer Prevention and Screening Program and although yet unfunded work is continuing on in terms of messaging and public awareness.
3. Engagement of the Colon Cancer Screening Program Advisory Committee

Strategies to Achieve Success or Overcome Barriers/Challenges

The Colon Cancer Screening and Prevention Program will continue at KDPH as long as PHHSBG funds are available, until such time as the program is chosen to receive a CDC Colon Cancer Grant or state funding becomes available.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

1. The PHHSBG funds the salary and the few pilot project sites in the state. These were chosen to make maximum impact on the African American and Appalachian populations which are disparately affected by colon cancer.
2. The legislature awarded 4 communities at \$50,000 each in eastern Kentucky Coal Severance tax dollars in order to provide screening
3. The Kentucky Cancer Program in Kentucky is funded with state tax dollars to assist with messaging and outreach

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Increase awareness of colorectal cancer screening**

Between 10/2009 and 09/2010, The Comprehensive Cancer Program coordinator will establish 4 methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and with African American populations.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Comprehensive Cancer Program coordinator established 4 methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and with African American populations.

Reasons for Success or Barriers/Challenges to Success

- There is a very collaborative workgroup meeting monthly to work on colon cancer prevention and screening within the state.
- The state advisory group has taken a particular interest in advocacy and educating physicians and legislators

Strategies to Achieve Success or Overcome Barriers/Challenges

Although funding is the primary challenge, or lack of funding, there have been major accomplishments for the Colon Cancer Screening and Prevention Program in 2010 using these strategies.

- Strategies include each collaborative partner funding what they can such as materials, travel, conferences, physician training, etc
- Use of methods that do not cost - such as the KDPH TRAIN system of videoconferencing
- Use of private organizations such as the Colon Cancer Prevention Project (C2P2)
- Local health departments use their own local tax dollars for screening

Activity 1:**Colon Cancer Awareness Minigrants**

Between 10/2009 and 09/2010, at least six local/district health departments in Kentucky will receive minigrants to implement at least one colon cancer prevention and/or screening awareness activity chosen from a pre-approved list of evidence based strategies.

Activity Status

Completed

Activity Outcome

Between 10/1/2009 and 9/30/2009 there were six local health departments in Kentucky who received minigrants to implement at least one colon cancer prevention and/or screening awareness activity.

Reasons for Success or Barriers/Challenges to Success

The PHHSBG funds were utilized for 3 of the community projects at \$10,000 each. These local health departments had to then provide a match of an additional \$10,000 dollars in funding in order to complete the projects and provide screening for the uninsured.

- The local health departments worked with their partners in community - hospitals, physicians, faith based groups, the Kentucky Cancer Program and the American Cancer Society

An additional 4 communities were funded by Coal Severance dollars with one overlap of the above group resulting in a total of 6 community projects.

- These funds were awarded to the local health departments to provide outreach and education as well as screening for the uninsured.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The Colon Cancer Screening and Prevention Program will continue to work in partnership to continue the progress in reducing colon cancer mortality and incidence in Kentucky.
- Partners are and will be used for advocacy for funding and to work with legislators
- Local tax dollars that fund local health departments will continue to be used
- Early adopters of evidence based guidelines are and will be sued as champions

Activity 2:**Statewide Cancer Summit**

Between 10/2009 and 09/2010, The Kentucky Comprehensive Cancer Program in partnership with the Kentucky Cancer Consortium and the Kentucky Cancer Program will provide one statewide cancer summit addressing colon cancer.

Activity Status

Completed

Activity Outcome

In October 2010, the Kentucky Colon Cancer Screening Advisory Committee held their monthly meeting and a forum in Appalachia, in Pike County, in order to demonstrate the higher rate of colon cancer and the impact of screening to reduce those rates.

Reasons for Success or Barriers/Challenges to Success

Successes

- Colon Cancer Advisory Committee members used their own funds to travel to the area demonstrating their commitment to the program
- Legislators from the Eastern Kentucky area attended and spoke at the forum - they had voted for and used Coal Severance dollars for funding the 4 eastern Kentucky projects
- All partners worked together
- The Pike County Health Department hosted the event - taking a leadership role and utilizing their PHHSBG funds

Strategies to Achieve Success or Overcome Barriers/Challenges

This plan generated much media attention on colon cancer screening and the disparate rates for those in Appalachia.

- Engagement and agreement of partners to collaborate on these projects is essential
- The giant Colon was used as a draw
- The Colon Cancer Survivor Portrait wall was used as a demonstrable way to show that you can survive colon cancer if it is caught early

Activity 3:**Kentucky State Fair Healthy Horizons**

Between 07/2010 and 09/2010, The Colon Cancer Program Coordinator will participate in Healthy Horizons with distribution of information on colon cancer screening and awareness including informal survey of population at the state fair of knowledge and access to colon cancer screening.

Activity Status

Completed

Activity Outcome

The Colon Cancer Program Coordinator worked with other partners in the state to provide access to one of the giant inflatable educational colons for two weeks at the Kentucky State Fair. Surveys of those who toured the colon were conducted on various days giving much needed information on screening behaviors and why people are not screened.

Reasons for Success or Barriers/Challenges to Success

- A collaborative outreach of the Pike County Health Department, the Louisville Metro Health Department, Norton Cancer Institute Prevention and Early Detection Program was planned and implemented at the state fair.
- The state fair is an excellent state venue to offer this tour and educational outreach
- Understanding is developed by simply walking through the colon and questions can be answered outside

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes

- The education colons draw people and by walking through they can see the way a polyp forms and if not removed can progress to colon cancer and metastasis
- Advocates and clinicians were on hand to discuss questions and access issues with those who toured the colons
- Partners were willing to commit to long days at the state fair

Activity 4:

Kentucky Super Colon Tour

Between 10/2009 and 09/2010, The Kentucky Department for Public Health in partnership with the Colon Cancer Prevention Project and the Kentucky Cancer Program will purchase a Kentucky Super Colon to promote a statewide campaign through an interactive walk through of the super colon which will be enhanced by having public health staff and other professional staff present to answer questions and navigate to appropriate colon cancer screening.

Activity Status

Completed

Activity Outcome

The Kentucky Department for Public Health in partnership with two pilot project areas, Pike County Health Department and Louisville Metro Health Department purchased educational colons to promote a statewide campaign through an interactive walk through and the availability of public health and providers to answer questions and navigate to appropriate colon cancer screening.

Reasons for Success or Barriers/Challenges to Success

Successes

- The colons were purchased for \$4,500 each which is less than the rental for one weekend of one national educational colon at \$12,000.
- This allows many more people to be impacted across Kentucky in a shorter amount of time
- Coverage both east and west in Kentucky is provided and multiple partners can be involved.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Worked with key partners Louisville Metro with a large African American population in an urban setting and Pike County Health Department who had already implemented a colon cancer screening program with local tax dollars and represented the Appalachian population
- The Colon Cancer Program Coordinator researched the appropriate place to purchase an educational inflatable colon saving thousands of dollars
- Engaged partners to assist with transport and staffing the colon as one person cannot do it all

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Kentucky Colon Cancer Program

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Coordinator will provide staff support for development of the Kentucky Colon Cancer Screening Program to **at least 3 partnerships or activities developed through** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Coordinator provided staff support

for development of the Kentucky Colon Cancer Screening Program to **three activities of** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Reasons for Success or Barriers/Challenges to Success

The Comprehensive Cancer Program Coordinator was able to leverage her time to provide support to the three chosen activities by working in collaborative partnerships both internally and externally.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is only one person to staff the Comprehensive Cancer Program. This staff member also is providing oversight to the Colon Cancer Screening Program development at the Kentucky Department for Public Health.

- Additional support was provided by a DrPH student from the University of Kentucky and the Chronic Disease Prevention Branch Manager

Activity 1:

Kentucky Colon Cancer Advisory Committee

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager will provide staff support at the monthly meetings of the Colon Cancer Screening Advisory Committee.

Activity Status

Completed

Activity Outcome

The Comprehensive Cancer Program Manager provides staff support at the monthly meetings of the state Colon Cancer Screening Advisory Committee.

Reasons for Success or Barriers/Challenges to Success

- Staff support includes maintaining minutes for public records, planning agenda with the chair, and providing updates on projects
- Additional duties include the annual report as required by legislation KRS 214.540
- Expert partners such as the Kentucky Cancer Registry and the Kentucky BRFSS program have provided ongoing data needs for reports and fact sheets

Strategies to Achieve Success or Overcome Barriers/Challenges

Although there is only one staff compliment in this program, there is hope that additional funds will be found to add additional staff at some point which could include a health educator, data systems management, etc.

Activity 2:

Colon Cancer Data System Workgroup

Between 10/2009 and 09/2010, The CCP manager will serve as a facilitator/staff member of the Data System Workgroup by providing meeting space, planning, materials, minutes and support for development of a web based data system.

Activity Status

Completed

Activity Outcome

The Data Systems Workgroup meets regularly and has developed a web based system in cooperation with the internal KY Information Technology System. This system is in test phase now.

Reasons for Success or Barriers/Challenges to Success

Successes

- A DrPH student from the University of Kentucky who is also the head of Information Technology at the Kentucky Cancer Registry was willing to work on a practicum with the Comprehensive Cancer Program Manager
 - There was a free internal platform in KDPH to build upon and test, since there was no funding to create and purchase a program
 - The Breast and Cervical Cancer Program Data Manager was willing to lend technical expertise for development
 - Pike County Health Department was willing to test data entry
- Barriers
- No funding for a higher level program.
 - No additional staff to work on the program regularly so it is still in test phase

Strategies to Achieve Success or Overcome Barriers/Challenges

There continues to be a focus on the data collection for the screening program.

- Patient data has been entered for testing purpose
- There are still field collection issues so it cannot be used for reporting or linkage with the cancer registry at this time
- Ongoing work continues with internal and external partners

Activity 3:

Website Development

Between 10/2009 and 09/2010, The program manager will continue to add appropriate public awareness messaging and provider toolkits and updates to the state colon cancer prevention and screening website in collaboration with the colon cancer advisory committee and the Workforce Development Branch.

Activity Status

Completed

Activity Outcome

The Kentucky Colon Cancer Screening Program website is available and maintained at <http://chfs.ky.gov/dph/ColonCancer.htm>

Reasons for Success or Barriers/Challenges to Success

The program manager is able to add and delete messages, presentation and web links and training tools as needed with an internal support system for completing those.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Work with partners who additionally allow their links and presentations to be posted
- work internally with IT support to add links and tools
- Site could be enhanced with more color in the coming year and interactive features

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Development of Colon Cancer Screening Regulations

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager working in conjunction with the Kentucky Legislative Research Commission and the Colon Cancer Screening Advisory Committee will implement 1 Kentucky Administrative Regulation based on KRS 214.540-544 which regulates colon cancer screening for the uninsured in Kentucky.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager working in conjunction with the Kentucky Legislative Research Commission and the Colon Cancer Screening Advisory Committee implemented **no** Kentucky Administrative Regulation based on KRS 214.540-544 which regulates colon cancer screening for the uninsured in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Although there is a Kentucky Revised Statute that has mandated the formulation of the Kentucky Colon Cancer Screening Program no funding was attached to it. Therefore only staff support was implemented and no regulation is tied to the statute.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work with leadership and advocacy partners for funding.
- Continue to ask CDC if there will be additional funding opportunities

Activity 1:**Regulation Training**

Between 10/2009 and 09/2010, The CCP manager will attend regulation training and meet with the Kentucky Legislative Research Commission liaison to develop the regulation for presentation to the committee.

Activity Status

Not Completed

Activity Outcome

The CCP manager has not attended regulation training.

Reasons for Success or Barriers/Challenges to Success

Regulation training has not been held internally and no funding is attached to this KRS yet.

Strategies to Achieve Success or Overcome Barriers/Challenges

Will attend training when it is held.

Activity 2:**Regulation Approval**

Between 10/2009 and 09/2010, The CCP manager will present the regulation to the Kentucky Joint House and Senate Regulation Committee for approval and implementation in the state.

Activity Status

Not Completed

Activity Outcome

The draft of the regulation has been done, but has not been submitted because there is no funding attached and therefore is not required.

Reasons for Success or Barriers/Challenges to Success

No funding attached

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with leadership and partners

Impact/Process Objective 2:**Colon Cancer Screening Awareness**

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager in collaboration with the

Colon Cancer Advisory Committee will increase the percent of colon cancer screening by colonoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey from 68.5% to 70%.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager in collaboration with the Colon Cancer Advisory Committee increased the percent of colon cancer screening by colonoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey from 68.5% to 63.7.

Reasons for Success or Barriers/Challenges to Success

Data for 2008 is available, but 2010 data is not available yet. The 2008 data indicated that 63.5% of the age fifty and over responded that they had a colonoscopy or sigmoidoscopy in the past ten years.

Strategies to Achieve Success or Overcome Barriers/Challenges

The state added two questions to the BRFSS survey in 2008 to try and solicit answers that would help to determine why people are not screened for colon cancer. The top two answer were the following:

- 27.4% said they had not symptoms or didn't think they needed it
 - 26.8% said it had not been recommended by their provider
- This information will help us to direct resources and training in appropriate and focused manner.
- Provider training and recommending use of reminders
 - Culturally and reading level appropriate literature

Activity 1:

Outreach and Education

Between 10/2009 and 09/2010, Create colon cancer screening messages for Kentuckians which considers both health literacy and cultural factors.

Activity Status

Completed

Activity Outcome

The Colon Cancer Screening Program worked with the Kentucky Cancer Program to develop colon cancer screening messages which were evaluated for literacy and cultural factors and they were disseminated across the state.

Reasons for Success or Barriers/Challenges to Success

This was accomplished by using the Kentucky Cancer Program who utilized focus groups across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to evaluate the effectiveness of the messaging

Activity 2:

Memorandum of Agreements (MOA)

Between 10/2009 and 09/2010, Develop Memorandum of Agreement for colon cancer screening referrals through six pilot projects with local/district health departments..

Activity Status

Not Completed

Activity Outcome

At least three of the local health departments who are funded have developed colon cancer screening referrals through MOA with providers in their own areas.

Reasons for Success or Barriers/Challenges to Success

Some of the programs received their funds later in the year and could not develop the referral systems.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding will be available with carry over for this year to make sure the referrals and MOAs can be completed.

Activity 3:

Colon Cancer Prevention and Screening Website

Between 10/2009 and 09/2010, Make public and providers aware of the state Colon Cancer Prevention and Screening website that can be utilized by those seeking information and evidence based guidelines.

Activity Status

Completed

Activity Outcome

- The website has been available for two years now and it is included in the annual report and has also been noted in various articles distributed to providers through the KMA.
- The website is also listed on all messaging materials
- There was a public announcement completed by the Cabinet on colon cancer and listing the website

Reasons for Success or Barriers/Challenges to Success

Working with all partners to include the website in their presentations and reports

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue same communication and partnering techniques as well as working with the media

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Education and Workforce Development

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager will implement one online TRAIN module on colon cancer screening and prevention for health department staff and patient navigators.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager implemented 1 online TRAIN module on colon cancer screening and prevention for health department staff and patient navigators.

Reasons for Success or Barriers/Challenges to Success

With only one person available to develop the online module it has not been completed however, the state forum held in Pike County allowed for training and updates and will be emulated for this project year.

Strategies to Achieve Success or Overcome Barriers/Challenges

- In October of 2010, an expert provider, Dr. Whitney Jones who is also on staff at the University of Louisville provided an update state wide through videoconferencing to the public health nurses bi-monthly staff meeting. It was very well received.

- This will be repeated and videotaped to be placed in a training module

Activity 1:

Health Educator/Nurse Training

Between 10/2009 and 09/2010, At least 30 participants will have completed the online training module for colon cancer screening and prevention.

Activity Status

Completed

Activity Outcome

- There were over 70 participants at the Appalachian forum and CE's and CMEs were provided through TRAIN

Reasons for Success or Barriers/Challenges to Success

The online module is not completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with partners to provide a training module to enhance knowledge

Activity 2:

Evaluation of online TRAIN module

Between 10/2009 and 09/2010, The CCP Manager will evaluate results and participation of the TRAIN module and make revisions and changes as needed.

Activity Status

Not Completed

Activity Outcome

The online module has not been developed and cannot be evaluated

Reasons for Success or Barriers/Challenges to Success

There was not enough time to develop this year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program manager will work with partners to develop the training module.

State Program Title: Kentucky Physician Care Program

State Program Strategy:

GOAL: To increase access to primary episodic medical care for the uninsured by creating a network of physicians, dentists and pharmacies.

Priorities: The Kentucky Physician Care Program (KPCP) is part of the Health Kentucky Network. The KPCP program is located within the Health Care Access Branch, which is a component of the Division of Prevention and Quality Improvement in the Department for Public Health (DPH). The program consists of state and private partners who donate their time and materials to provide free one time routine care to low income uninsured citizens of the Commonwealth. There is a selected prescription drug benefit provided. The partners of this program include physicians, dentists, pharmacies, pharmaceutical manufacturers, Health Kentucky, Inc. and the Cabinet for Health and Family Services.

The applicant applies for services at the Department for Community Based Services. These offices are located in every county in the state. Once the application is submitted it is sent to the Kentucky Physician Care office for processing. Once accepted into the program the client calls 1-800 number and speaks to a Registered Nurse in the KPCP program to be referred to a participating provider. Participating pharmacies fill prescriptions of selected medications for the KPCP client and are then reimbursed through contract with the drug manufacturer.

Role of the PHHSBG: is to provide funding to the Health Care Access Branch who works in cooperation with Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physician's Care Program. Part of the funding will help with the cost of an e-tool for tracking pharmaceutical assistance and replenishment to volunteer pharmacies. Presently, there are approximately 1,980 providers (1,471 physicians, 75 dentists, 434 pharmacies) who have volunteered to participate in this program. Volunteer pharmacies have filled approximately 100,000 prescriptions for annual year 2007 with a wholesale value of almost \$12,000,000. Due to the worsening economy and continued increase in health costs, the KPCP program has seen a thirty percent increase. Unfortunately, this increase has had a profound impact on the availability of physicians and dentists for referrals. Some PHHSBG will be utilized by Health Kentucky, Inc. in recruitment efforts of physicians, dentists, and pharmacies.

The Kentucky Department for Public Health contributes state funding for approximately 4.5 FTE to this program for the operation of the hotline and for the staffing of the help desk. The personnel cost is roughly \$330,000 for these activities. In addition, the indirect cost of office space, supplies, telephone, which is substantial, is also provided by the Department for Public Health.

Partnerships:

Internal: Cabinet for Healthy and Family Services, Department for Medicaid Services, Department for Community Based Services, Local Health Departments.

External: Health Kentucky, Kentucky Medical Association, Kentucky Pharmacy Association, Kentucky Primary Care Association, Foundation for Healthy Kentucky.

Evaluation Methodology

The effectiveness of the program will continue to be evaluated through BRFSS data on Health Care Access questions such as lack of health care coverage, usual source of care and care delays. Health KY data will also provide information and trends on the state of health in Kentucky. Surveys of volunteer physicians, dentists and providers regarding the operation of the program are utilized to determine satisfaction. Cost benefit analysis of donated time and pharmaceuticals are completed each quarter and annually to determine effectiveness of the program.

National Health Objective: 1-6 Difficulty or delays in obtaining needed health care

State Health Objective(s):

Between 10/2005 and 12/2010, Reduce to no more than 7 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

State Health Objective Status

Not Met

State Health Objective Outcome

According to KY BRFSS data for 2009, there continues to be a gap for patients who cannot get all of the care they need. 18.2% of respondents stated there was a time in the past 12 months when they could not get all of the care they needed due to cost.

Reasons for Success or Barriers/Challenges to Success**Challenges to Success**

1. Due to the economic downturn there continue to be a large proportion of uninsured and underinsured in Kentucky.
2. 5.6% of the respondents on the 2009 BRFSS survey state they do not have health care coverage of any kind
3. Some simply are uninsured and must pay out of pocket for office visits, prescriptions or have chosen high deductible plans to save money.

Strategies to Achieve Success or Overcome Barriers/Challenges**Strategies**

1. Health Kentucky will continue to provide Kentucky Physicians Care support and office visits
2. Continue to provide Kentucky Pharmacy Assistance Program at over 200 sites in the state with the addition of new sites as indicated
3. Engage additional partners/providers such as FQHC, private physicians and free clinics
4. Monitor and review Health Care Reform legislation which can impact the number of uninsured in the state

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG funds provide support to this program through funding to Health Kentucky, Inc a not-for-profit who solicits physicians to volunteer their office as a site to provide one time acute care visits for persons who call in to the 800 number.

Four staff positions at the Kentucky Department for Public Health are supported by state general funds to answer the phone.

The positions in the KPAP program within the Health Care Access Branch are paid for by state general funds.

There are 3 community organizers who provide training and technical assistance to project sites in setting up the state KPAP software and accessing forms and dealing with the qualifications of each pharmaceutical company.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 7 – Link people to services****Impact/Process Objective 1:****Linking the Uninsured with Primary Care**

Between 10/2009 and 09/2010, The Kentucky Physician's Care Program (KPCP) will increase the number of persons who receive assistance through the KPCP program from 16,000 to **18,000**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Kentucky Physician's Care Program (KPCP) increased the number of persons who receive assistance through the KPCP program from 16,000 to 14,711.

Reasons for Success or Barriers/Challenges to Success**Barriers**

1. The pharmaceutical manufacturers terminated the allowance of presumptive eligibility.
2. The primary state partner (Department for Community Based Services) refused to continue to provide eligibility and instead will only provide "registration".
3. This requires clients to mail or fax their eligibility documentation to Health Kentucky. Due to the population being served, many just do not follow through on providing the documentation thereby making them ineligible.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve success and overcome these barriers:

1. The Cabinet has pre-filed legislation, in partnership with the pharmaceutical manufacturers, to allow the pharmaceutical component of the programs eligibility to match their poverty levels set for their traditional Prescription Assistance Program (PAP). This change will allow patients who are 200-400% FPL (depending on each company) to obtain free medications through KPC. This change alone is expected to at least double KPC participation.
2. As part of this change, it will allow individuals WITH insurance, but WITHOUT prescription coverage who meet all other eligibility requirement, to participate in the program.
3. KPC's sister program, the Kentucky Prescription Assistance Program (KPAP) which is funded by general funds and legislated by state statute has several hundred local sites in the state. These sites have been encouraged to also be the KPC satellite sites, allowing for greater success in a client obtaining/bringing back necessary documentation as needed to complete eligibility.

Activity 1:**Expand the KPCP network**

Between 10/2009 and 09/2010, Health Kentucky will strengthen and expand the network by enrolling an additional fifty physician or nurse practitioner providers.

Activity Status

Completed

Activity Outcome

The Kentucky Physicians Care Program currently has 784 providers.

Reasons for Success or Barriers/Challenges to Success**Reasons for Success**

Health Kentucky, Inc. has been working with the Kentucky Medical Association to recruit physicians and also purchased an address and email listing to individually solicit physicians to participate.

Challenges to Success:

1. The primary barrier has been a paradigm shift on how physicians chose to care for indigent/uninsured patients. The primary issue appears to be practitioner liability.
2. Many physicians are volunteering at the free clinics started around the state rather than see new uninsured patients in their office due to decrease financial strains on their practice.
3. KPC only certifies one time visit which decreases the probability of establishing a medical home.
4. Physicians do not want to promote that they are seeing patients without payment in their area for fear that it will set a precedent and encourage others to ask for the same.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is no one way to overcome this barrier.

Several ideas and plans are circulating in Healthy Kentucky Inc. and the KPC Central Office to modernize the program.

Activity 2:**Bi-annual Report**

Between 10/2009 and 09/2010, Health Kentucky staff will publish a bi-annual report to participating providers across the state.

Activity Status

Not Completed

Activity Outcome

The bi-annual report was not completed during this time frame, but is scheduled for later in the year.

Reasons for Success or Barriers/Challenges to Success

Barriers/Challenges

1. Health Kentucky had a major reorganization and was without appropriate staffing to accomplish the task

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies

1. A Director of Operations has been hired to manage Health Kentucky affairs as well as process the client eligibility documentation that is now being sent to the office rather than the Department for Community Based Services offices

Activity 3:**Kentucky Prescription Assistance Web based tool**

Between 10/2009 and 09/2010, Continue statewide implementation of the KPAP web based tool with addition of trained community workers.

Activity Status

Completed

Activity Outcome

The development of a web-based public access tool was found to be overly expensive both from a development and staffing point of view. However, this knowledge building allowed for the development of what has become the Kentucky Prescription Assistance Program (KPAP). Approximately \$50 million in free pharmaceuticals were obtained for Kentuckians through KPAP during this reporting period.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

1. KPAP is a community run prescription effort with over 250 partners
2. The program provides 3 community organizers to assist communities in developing sites, providing free proprietary software (provides a patient, provider, and PAP forms database) and training.

Barriers/Challenges

1. The primary barrier to a web based portal was cost and time to maintain; however a public access site called Needy Meds was promoted to the public.

Strategies to Achieve Success or Overcome Barriers/Challenges

Development of the KPAP, a proprietary web based system was developed that can be provided to partners free of charge that can assist Kentuckians in obtaining free medications. This is an ongoing process.

1. Advocates are in each project site to assist people with filling out the complex forms.
2. The Health Care Access Branch will continue to monitor and maintain community organizers and technical support for these sites.

State Program Title: Osteoporosis Prevention and Education Program

State Program Strategy:

Goal: The Osteoporosis Prevention and Education Program (OPEP) is a multigenerational program created to raise community and provider awareness of the causes, prevention, diagnosis and treatment of osteoporosis. The goal of OPEP is to reduce the prevalence of osteoporosis through prevention strategies and promotion of early detection and treatment, resulting in fewer fractures due to osteoporosis and reduced mortality.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based community education program to educate the public about prevention, diagnoses and treatment options for osteoporosis; 2) Develop a network to disseminate evidence-based prevention programs related to bone health and falls prevention; 3) Educate health care providers and professionals to improve prevention, diagnosis, and treatment of osteoporosis; 4) Create a resource network for dissemination of information to consumers and health care professionals on osteoporosis; and 5) Improve the use of data and surveillance to monitor osteoporosis and falls prevention in Kentucky.

In Kentucky, legislation was enacted in 2006 to establish a statewide multigenerational osteoporosis prevention and education program with an annual budget of \$90,000. This osteoporosis funding has provided initial start up monies for the program with ongoing awareness and educational opportunities for the public, training for community partners to deliver evidence-based prevention programs, promotion of clinical guidelines for osteoporosis treatment and diagnosis to health care providers and the purchase of two Bone Density Heel Scan machines. The OPEP program successfully applied for a CDC Public Health Prevention Specialist to co-lead the osteoporosis program beginning in October 2007. This position was a CDC-funded FTE position that will be completed on September 30, 2009. Until a new coordinator is hired, the Physical Activity Coordinator will coordinate the program.

Primary Strategic Partners:

The Osteoporosis Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include Adult and Child Health Improvement, Oral Health Program, Coordinated School Health, Medicaid, Healthy Start in Child Care Program, Kentucky Commission on Women, Wellness and Health Promotions Branch, Chronic Disease Prevention Branch, and the Department of Aging and Independent Living. External partners include University of Kentucky Area Health Education Centers, University of Kentucky Health Education through Extension Leadership (HEEL), Humana, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Traumatic Brain Injury Association of Kentucky, local and district health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding to local health departments to implement strategies addressing bone health and prevention of osteoporosis at the local level. Local health departments are given choices of approved evidence based osteoporosis prevention and strategies to utilize in their community plan and budget beginning in July 2009 for FY 2010. In previous years, funding was provided to every local and district health department. Feedback from health departments indicated that in most cases the funding was not sufficient to conduct effective programming so it was decided that for FY 2010 fewer health departments will be funded at greater amounts of funding.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing the proportion of adults with osteoporosis. These data sources correspond with the Healthy Kentuckians 2010 objectives related to osteoporosis and chronic back conditions. In addition, the program will be evaluated using results of pre and post surveys and functional fitness assessments for participants attending evidence-based programs in the community.

National Health Objective: 2-9 Osteoporosis

State Health Objective(s):

Between 07/2007 and 10/2010, Reduce the rate of hospitalization for vertebral fractures associated with osteoporosis (rate per 10,000 adults aged 65 and older) to 11.5 per 10,000.

State Health Objective Status

Not Met

State Health Objective Outcome

The last data available for hospitalization for vertebral fractures associated with Osteoporosis in Kentucky is 11.5 per 10,000 adults aged 65 and older.

Reasons for Success or Barriers/Challenges to Success**Barriers**

- Longstanding issues within the state such as high rates of smoking which increase the risk of Osteoporosis.
- Few Aging in Place programs within the state which encourage access to physical activity and good nutrition
- Most vertebral fractures are admitted to the hospital rather than being treated with newer techniques like Kyphoplasty which is an outpatient procedure which may result in unequal comparison to other states

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with coalitions and providers as well as looking at environmental and policy changes for aging in place

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The state legislature approves \$90,000 each year to provide an Osteoporosis Prevention Program in the state. PHHSBG funds are leveraged to increase the impact of this program by supporting coalitions at the local level and work with the Kentucky Injury Prevention Research Center at the University of Kentucky.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Bone Health Education**

Between 10/2009 and 09/2010, each of the fifty six local and district health departments will maintain one activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, each of the fifty six local and district health departments maintained one activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Reasons for Success or Barriers/Challenges to Success

Twenty six local or district health departments provided at least one activity for education on falls prevention, osteoporosis and general bone health through community programs and activities.

Barriers

- All fifty six health departments could not be funded and therefore did not choose to work on Osteoporosis strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with local health departments, the Kentucky Injury Prevention Research Center and the Kentucky Safe Aging Coalition as well the Department of Aging.

Activity 1:

Fall Prevention or Bone Health

Between 10/2009 and 09/2010, local health departments in Kentucky will provide at least one activity on fall prevention or bone health to be chosen from an approved evidence based list created by the Kentucky Department for Public Health.

Activity Status

Completed

Activity Outcome

The activities that are available for use at the local health departments include the following

- Health fairs and bone density screening
- A Matter of Balance
- Arthritis Foundation Exercise
- Chronic Disease Self Management
- Strong Women Exercise Program
- Tai Chi

Reasons for Success or Barriers/Challenges to Success

- Technical assistance and tools are available to each local health department.
- Local health departments work in cooperation with their Aging and Independent Living partners in their communities
- The Extension Services also provides training and engagement of persons in community

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership with other organizations in order to accomplish Osteoporosis Prevention strategies.
- Utilize methods that are cost effective and increase reach

Activity 2:

Community Health Services Reporting

Between 10/2009 and 09/2010, Each local health department receiving PHHSBG funds will report through DataMart on activities completed related to osteoporosis/bone health as listed below which were presented in their plan and budget for 2010.

Activity

LHD Projected

A Matter of Balance Training Course	5
A Matter of Balance Participant Class	8
Falls Prevention Awareness and Education	27
Heel Scan/Bone Health Education	17
Osteoporosis Tool Kit	13
StrongWomen Exercise Program	10

Activity Status

Completed

Activity Outcome

- 4 A Matter of Balance Training Courses
- 74 Matter of Balance Participant Courses
- 135 Falls Prevention and Awareness and Education Messages
- 41 Heel Scan/Bone Health Education Opportunities
- 40 Osteoporosis Tool Kits were utilized
- StrongWomen Exercise Program 218 participants
- Tai Chi 79 participants

Reasons for Success or Barriers/Challenges to Success

There were no barriers to accomplishing the stated objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in collaborative partnerships.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Safe Aging Coalition**

Between 10/2009 and 09/2010, The Kentucky Osteoporosis Program lead will establish a sustainable older adult fall prevention plan for the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Kentucky Osteoporosis Program lead established basic support for a sustainable older adult fall prevention plan for the state.

Reasons for Success or Barriers/Challenges to Success

Successes

- Active partnership with the Kentucky Safe Aging Coalition and the Kentucky Injury Prevention Research Center (KIPRIC) with publication of Osteoporosis Plan in the KIPRIC annual report and a Kentucky Injury and Violence Prevention Plan which includes 4-C Goal to Reduce the Public Health Burden of Unintentional Falls. Access at www.kspan.uky.edu
- Active Falls Prevention coalitions in four areas of the state
- Working with the Department of Aging and Independent Living on Aging in Place strategies

Strategies to Achieve Success or Overcome Barriers/Challenges

- Success is due to the creation of the Kentucky Safe Aging Coalition in 2008 and in 2009 participating in a Fall Prevention Call to Action, pulling together four health department districts (Lake Cumberland, Barren River, Madison County & Green River)
- Kentucky Department for Public Health and Kentucky Safe Aging Coalition are members of the National Council on Aging Falls-Free Coalition and members of the National Osteoporosis Association.
- Participate in state calls to share information and learn new resources and strategies to lessen the number and severity of falls in the aging population.
- Information is shared through emails and meetings.

Activity 1:**Technical Assistance**

Between 10/2009 and 09/2010, Work with the Safe Aging Coalition and UK Injury Prevention and Research Center to provide monthly technical assistance to four local falls prevention task force groups to assess the community response and resources for older adults who are at risk for falling or who have sustained a fall.

Activity Status

Completed

Activity Outcome

This is an ongoing activity with these active fall prevention coalitions meetings were every other month and quarterly phone conference calls.

Reasons for Success or Barriers/Challenges to Success

There is limited funding for this activity although the local/district health departments have chosen to utilize state and local funding as well as leveraging the PHHSBG funds to provide support for these coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Set up monthly schedule of training/technical assistance
- Utilize list serve
- Engage expert providers for presentations
- Use videoconferencing which is free and accessible in all 57 health departments
- Provide sustainability by working with Aging and Independent Living and hospitals

Activity 2:**Community Assessments**

Between 10/2009 and 09/2010, Work with four local falls prevention task force groups to develop interventions to address gaps found in the community assessment.

Activity Status

Completed

Activity Outcome

- The four local falls prevention task force groups meet on a regular basis and have completed assessments for identification of gaps.
- Evidence based interventions are available and particular to their local community, but have not been well established for use.

Reasons for Success or Barriers/Challenges to Success

Barriers

- These coalitions receive very limited funds for interventions.

Success

- Stakeholders and partners in each community are highly involved

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to provide technical assistance and funding as allowed
- Link coalitions to one another
- Link coalitions to other resources

- Ask EMS to provide falls prevention materials to patients if they don't transport to the hospital after a fall

Activity 3:

Fall Prevention Summit

Between 10/2009 and 09/2010, In partnership with the Safe Aging Coalition and UK Injury Prevention and Research Center, hold a Falls Prevention Summit for stakeholders in Kentucky that addresses the environment and best practices for preventing falls.

Activity Status

Completed

Activity Outcome

On December 3, 2009 a Falls Prevention Summit was held in Frankfort. Agenda included:

- Medication Reviews
- Falls Risk Reduction
- Physical Activity and Nutrition
- Kentucky Housing Authority and Kentucky Builders Association presented new home standards and home modifications

Reasons for Success or Barriers/Challenges to Success

The Kentucky Safe Aging Coalition participated in awareness-building activities during the National Falls Prevention Awareness Week Sept. 20-24. The purpose is to urge state and community organizations, businesses, individuals, and the media to use this opportunity to promote awareness of this important public health problem in an effort to reduce the incidence of falls among older people in Kentucky.

Gov. Steve Beshear officially proclaimed Sept. 20 as Fall Prevention Awareness Day at 10 a.m. at the Kentucky Capitol Rotunda. A demonstration of Body Recall, a pain-free physical fitness program, will be provided as well as other demonstrations, and fall prevention materials and information will be available.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership with University of Kentucky College of Public Health and Cooperative Extension, UK College of Health Sciences Division of Physical Therapy, Kentucky Department for Community Based Services, Kentucky Pharmacists Association, Kentucky Department for Aging and Independent Living, AARP, Cardinal Hill Rehabilitation Hospital, the Brain Injury Alliance of Kentucky, Health Care Excel, Body Recall Inc., Kentucky Association of Health Care Facilities and Hospice of the Bluegrass.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Integrated Policies

Between 10/2009 and 09/2010, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative will identify **2** integrated policies that support health across the lifespan and develop plans for educating policy makers.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative identified **two** integrated policies that support health across the lifespan and develop plans for educating policy makers.

Reasons for Success or Barriers/Challenges to Success

On November 9th, 2009 Kentucky Safe Aging Coalition member Anne Harrison, Pt, PhD gave an invited presentation Fall Prevention for Older Adults and Kentucky Safe Aging Coalition activities to the Special Advisory Commission of Senior Citizen's Subcommittee on Health and Human Services.

Kentucky Injury Prevention Research Center (KIPRC) completed the Kentucky Public Health Injury and Violence Prevention Plan which contains a goal on Falls Reduction.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the KY Safe Aging Coalition, Healthy Communities Program, The Kentucky Safety and Prevention Alignment Network (KSPAN), advocates, and other groups to incorporate integrated messaging and educate policy makers.

Activity 1:

Healthy Communities Initiative

Between 10/2009 and 09/2010, the Osteoporosis Program will work with the Healthy Communities Initiative to address policies related to physical activity, nutrition, smoke-free environments and the built environment across the lifespan.

Activity Status

Completed

Activity Outcome

The Osteoporosis Program is working with the Healthy Communities Initiative and has provided state funds to support pilot projects in 3 communities in Kentucky.

- Community gardens, walking tracks and trails for neighborhoods and city/county parks - Jackson County opened a community kitchen and resurfaced a walking trail in a downtown park, designed a walking trail around a middle school, local tourism office to include a map of walking trails in the county. Madison County implemented a city-wide safe Routes to School campaign in the City of Berea. Harrison County installed green houses at three elementary schools; installed new equipment in the county park including adult exercise equipment adjacent to the playground so parents/grandparents can exercise while providing supervision
- Reducing exposure to secondhand smoke

Reasons for Success or Barriers/Challenges to Success

- The project for Healthy Communities is relatively small at this time - only 6 funded communities
- The Healthy Communities Initiative and the Osteoporosis Program have some similar objectives
- Staff are able to transition between programs for support
- Site visits and regular reporting
- Annual Healthy Community Conference

Strategies to Achieve Success or Overcome Barriers/Challenges

There are no anticipated barriers at this time.

Activity 2:

Technical Assistance

Between 10/2009 and 09/2010, the Osteoporosis Program will provide technical assistance to the three local communities chosen for the demonstration project, Harrison, Madison, and Jackson, during site visits.

Activity Status

Completed

Activity Outcome

All three communities were provided technical assistance by the Osteoporosis Program staff, the state Physical Activity Program staff, the Tobacco Control Program staff, the Chronic Disease Prevention staff and the Healthy Communities Program staff.

Reasons for Success or Barriers/Challenges to Success

- All of the staff work well together and have collaborated on a number of projects.
- Funds have been pooled from the PHHSBG, Osteoporosis State funds, Tobacco Settlement funds and Healthy Community funds in order to develop these pilot projects
- Similar goals and objectives are key to the success of each of these programs
- Healthy Communities Annual Conference in August 2009 and May 2010

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work together to provide technical assistance through webinars, list serves, conference calls, and site visits.

Activity 3:

Healthy Aging Portfolio

Between 10/2009 and 09/2010, the Osteoporosis Program will work with the Partnership for Fit Kentucky Advocacy Workgroup through funding provided by the National Association of Chronic Disease Directors to develop a policy portfolio for healthy aging.

Activity Status

Not Completed

Activity Outcome

Survey has been written and is in the process of being reviewed by steering committee members.

Reasons for Success or Barriers/Challenges to Success

Barriers were time and staffing. The Osteoporosis Coordinator, Obesity Coordinator, and Healthy Communities Coordinator left in FY10. The responsibilities of these positions were filled temporarily with current staff. Full-time staff for these positions have recently been hired and are currently being trained.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although we did not develop a policy portfolio for healthy aging, we have a successful workgroup that includes AARP, Kentucky Safe Aging Coalition, Kentucky Pharmacist Assoc., University of Kentucky Cooperative Extension, Kentucky Injury Prevention and Research Center, Ky. Dental Assoc., Ky. Gerontology, Foundation for Fit. Ky, Ky. Medical Assoc., Sanders-Brown Center on Aging

Impact/Process Objective 2:

Falls Prevention Task Force

Between 10/2009 and 09/2010, the Osteoporosis Program lead, in cooperation with the Fall Prevention Coalition, will develop two interventions to raise awareness of the impact of falls for the elderly.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Osteoporosis Program lead, in cooperation with the Fall Prevention Coalition, developed two interventions to raise awareness of the impact of falls for the elderly.

Reasons for Success or Barriers/Challenges to Success

- The Governor issued a proclamation on September 20 regarding the impact of falls for the elderly. This was accomplished by working with university partners and the Safe Aging Coalition
- KIPRC in partnership with many groups developed a strategic plan with goal 4-C to reduce the public health burden of intentional falls.

- A Falls Prevention Issue Brief has been drafted and is the process of being reviewed and finalized. To raise awareness of the Impact of Falls, a Falls Prevention Website is being developed by KSPAN, Kentucky Safe Aging Coalition and University of Kentucky. This website currently has two focuses, one for health care professionals and one for individuals and families. The website is currently being tested.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnerships are the key to the success of this objective as well as the overall Osteoporosis Program for the state.

Activity 1: **Issue Brief**

Between 10/2009 and 09/2010, A Falls Prevention Issue Brief will be developed and distributed to local health departments, providers and made available to the public in cooperation with the Safe Aging Coalition.

Activity Status Completed

Activity Outcome

The Safe Aging Coalition has developed a powerpoint presentation on the problem of falls although no issue brief has been distributed yet.

Reasons for Success or Barriers/Challenges to Success

The Safe Aging Coalition has not developed this brief and the Osteoporosis Program has not had staffing to complete.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Safe Aging Coalition and the Kentucky Safety and Prevention Alignment Network (KSPAN)

Activity 2: **Task force group work gap analysis**

Between 10/2009 and 09/2010, Work with four local falls prevention task force groups to develop interventions that address gaps found in the community assessments.

Activity Status Not Completed

Activity Outcome

Four local health departments including Green River, Barren River, and Lake Cumberland Districts and Madison County have developed local coalitions or task forces to address older adult falls prevention at the local level and have discussed interventions based on the assessment that they have done.

Reasons for Success or Barriers/Challenges to Success

The Osteoporosis Program, the Safe Aging Coalition and the Kentucky Injury Prevention Research Center (KIPRIC) all support these coalitions with technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership and use inexpensive means of providing technical support such as conference calls, listserves, and webinars.
- Utilize evidence based guidelines for interventions
- Connect coalitions with champions in other states as needed
- Utilize the Coordinator with the Kentucky Safe Aging Coalition as a resource

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Osteoporosis Education and Competency

Between 10/2009 and 09/2010, The Osteoporosis Program will implement **one** training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Osteoporosis Program implemented **two** training module on Osteoporosis. The module is accessible at <http://ky.train.org>.

Reasons for Success or Barriers/Challenges to Success

These modules were created in 2008 and remain available for local health department training.

- Osteoporosis overview
- How to Use the Heel Scan Machines

Strategies to Achieve Success or Overcome Barriers/Challenges

Use a free method of training and evaluation such as the TRAIN network

Activity 1:

Promoting the Osteoporosis Module on TRAIN

Between 10/2009 and 09/2010, Promote the module to local health department staff, aging services, cooperative extension and non-profit organizations through the computer based network system .

Activity Status

Completed

Activity Outcome

The module was promoted through the TRAIN updates and the Osteoporosis Program.

Reasons for Success or Barriers/Challenges to Success

TRAIN is a statewide free system for online training and is accessible to anyone for training when they build an account.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ease of use and evaluation

Activity 2:

Training and Technical Assistance

Between 10/2009 and 09/2010, Increase the availability of training and technical assistance for implementing evidence-based bone health strategies for local health departments and other community organizations in Kentucky.

Activity Status

Completed

Activity Outcome

Additional training and technical assistance was made available to the local health departments through the Safe Aging Coalition Coordinator, the Summer Series on Aging at the University of Kentucky and the Kentucky Injury Prevention Research Center as well as the National Osteoporosis Foundation training and resources.

Matter of Balance Training for lay leaders was held twice during the year.

Reasons for Success or Barriers/Challenges to Success

Working in partnership with academic institutions and other funded programs has given the Osteoporosis program an enormous boost when very few funds were available.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to work in partnership to leverage resources and create sustainable programs in local communities where they work best.
- Obtain leadership based on partnerships and collaborations with all community sectors that are responsible for safety and health promotion in their community.

Impact/Process Objective 2:

Competency of Trainers

Between 10/2009 and 09/2010, The Osteoporosis Program will establish 2 training initiatives related to Osteoporosis Prevention and Control.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Osteoporosis Program established two training initiatives related to Osteoporosis Prevention and Control.

Reasons for Success or Barriers/Challenges to Success

The Osteoporosis Program has established collaborative relationships with trainers and institutions to provide this training.

Two Matter of Balance Coach Training were held in Jessamine County.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although few funds are available other funded programs have provided resources and training. Funding supplies for training and classes were provided by the program.

Activity 1:

Matter of Balance Training

Between 10/2009 and 09/2010, Conduct 20 Matter of Balance participant classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status

Completed

Activity Outcome

In 2008 17 Master Trainers completed training in Matter of Balance so that participant classes could be completed in 2009 and 2010.

74 Matter of Balance participant classes were taught between July 1 2009 and June 2010.

Reasons for Success or Barriers/Challenges to Success

- Master Trainers are a key to the success of this program.
- Evaluation is done by a structured evidence based process
- Strong Health Department leadership within the program

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the master trainers in the state.
Funding is an issue for Training. This is not a Train-the-Trainer program, therefore funding for training which include travel of trainer is costly.

Activity 2:
Strong Women

Between 10/2009 and 09/2010, Conduct 20 StrongWomen classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

Activity Status
Completed

Activity Outcome

StrongWomen classes were held throughout the state in the original six pilot sites as well as additional sites with the addition of more trainers in a class in August 2009.

76 StrongWomen classes were lead across the state

Reasons for Success or Barriers/Challenges to Success

The limiting factor for this program is continued funding for staff time. Each local health department must determine that this is a valuable activity and decide to continue it.

Barrier - Funding is an issue for Training. This is not a Train-the-Trainer program, therefore funding for training which include travel of trainer is costly.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work with local health department health educators and leaders to determine the effectiveness and reach of the program in terms of the assessment of their community needs.

Activity 3:
Quarterly Updates

Between 10/2009 and 09/2010, Conduct quarterly conference calls with Matter of Balance and StrongWomen program leaders in order to monitor success and determine barriers to effective education.

Activity Status
Not Completed

Activity Outcome

Quarterly conference calls were not held. However, the Osteoporosis Program Manager does host a list serve for those leaders who are providing training in their communities to determine effectiveness, reach and barriers such as affordability and transportation issues.

Reasons for Success or Barriers/Challenges to Success

There was not a dedicated staff member for most of the year for the Osteoporosis Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is now a dedicated staff member for the Arthritis/Osteoporosis Program

State Program Title: Physical Activity Program

State Program Strategy:

GOAL: The Kentucky Physical Activity Program focuses on increasing the physical activity of adults and children and enhancing the core capacity of health professionals and other partners to participate in planning and development of activities to address community needs.

Priorities: In 2008, the Physical Activity Program along with the Nutrition and Obesity, Tobacco Prevention and Control, and Osteoporosis/Arthritis program was moved to the Department for Public Health under the new Health and Wellness Promotion (HWP) Branch. This unit was formerly known as the Governor's Office of Wellness and Physical Activity. This move places the HWP Branch in the Division of Prevention and Quality Improvement along with the Chronic Disease Prevention Branch, cementing an even stronger relationship and possibilities of integration activities. Additionally, a strong Worksite Wellness liaison with the Kentucky Chamber of Commerce works out of the HWP.

Beginning in 2001, the PHHSBG Advisory Committee chose to strategically utilize \$1.5 million of the funding received by the state to address the need for increased physical activity in Kentucky. Each of the 56 local/district health departments in the state of Kentucky has received PHHSBG funds in each of those years to address adult and child physical activity within their communities. These mini-grants are given based on their annual community plan which is submitted to the state Physical Activity Program Manager for approval. The community-based plan utilizes pre-approved evidence based strategies and interventions to be conducted by each local health department based on the recommendations in the Guide to Community Services. Each local health department has an assigned coordinator for these projects. Monthly activities at the community level are entered into a statewide Community Health Services Reporting System data base (DataMart).

There is an annual Physical Activity Conference held in Kentucky conducted by DPH with state funds. This is mandatory for the local health department coordinators who manage and receive funds from the PHHSBG to address physical activity. It is also open to and attended by other interested community partners and leaders such as school personnel, trainers, extension agents, and faith based organizations.

The Kentucky Physical Activity Committee was begun in 2003 in order to facilitate networking, educational opportunities, to plan the annual conference and determine evidence based strategies that can be utilized across the state.

In 2007 Senate Bill 172 was passed recommending physical activity in grades K-5 requiring at a minimum supervised recess for 20 minutes daily with the students engaging in 15 minutes of planned moderate to vigorous physical activity each day. This policy has increased the emphasis on healthy school environments and the number of school site based councils who have developed strategies to increase scheduled physical activity.

Our best chance of success relies on a coordinated approach involving evidence-based strategies, within settings that span the full range of the social system from school health policies, and local access to physical activities, through health promotion activities and counseling patients by their health care providers.

Primary Strategic Partners:

Internal partners include: Maternal and Child Health, Partnership for a Fit Kentucky, Arthritis/Osteoporosis, Adult Preventive Health, Heart Disease and Stroke, Obesity, Diabetes, Coordinated School Health, Nutrition and Health Services Branch.

External partners include: Department of Education, Coordinated School Health, Offices of Aging and Independent Living, Universities, Kentucky Medical Association, local and district health departments, YMCAs, faith based organizations and local and city councils.

National Health Objective: 22-1 Physical Activity in Adults

State Health Objective(s):

Between 07/2003 and 12/2010, Increase to at least fifty percent the proportion of Kentuckians ages 18 and over who engage regularly in physical activity for at least twenty minutes, three or more times per week.

State Health Objective Status

Not Met

State Health Objective Outcome

Although the rate of engagement in physical activity by respondents to the KY BRFSS survey shows and increase in 2009 to 45.7 from 44.2 in 2007 we have still not met the goal.

Reasons for Success or Barriers/Challenges to Success

Barriers continue to be lack of importance placed on physical activity and knowledge about the affect on preventing and controlling chronic disease. There are some populations that have limited access to gyms, YMCA's and safe play grounds.

Strategies to Achieve Success or Overcome Barriers/Challenges

Coalitions are emerging in each local community in order to increase access to physical activity and promote the awareness and education necessary to get people engaged.

Many faith based communities are entering into teaching and training on physical activity approaches and spiritual values.

Many local health departments are involved in developing and conducting physical activity strategies.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG provides funding to all 57 local and district health departments for physical activity strategies and approaches. Additionally, the PHHSBG has provided 1/2 of the funding for the Physical Activity Coordinator for the state. PHHSBG funds are leveraged by local health departments who additionally use their state tax dollar spread and local tax dollars to fund additional projects and strategies. Additional state and local tax dollars amount to over \$1.3 million dollars each year in addition to the PHHSBG funds.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Adult Community Based Physical Activities

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Manager in collaboration with the state Physical Activity Committee will provide adult community-based physical activity training opportunities to **56 local and district health departments** for health educators and clinicians.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Manager in collaboration with the state Physical Activity Committee provided adult community-based physical activity training opportunities to **all local and district health departments** for health educators and clinicians.

Reasons for Success or Barriers/Challenges to Success

There is currently no active state Physical Activity Committee; however an integrated approach was taken for training by utilizing the Healthy Communities forum and engaging external resources to provide training on such methods as

Strategies to Achieve Success or Overcome Barriers/Challenges

- Work with internal and external expert partners.
- Take advantage of free webinars as provided by CDC and other Healthy Community collaboratives

Activity 1:**Regional Partnership for a FIT Kentucky Coalition Meetings**

Between 10/2009 and 09/2010, Maintain outreach by listserve and website for sixteen regional coalitions in Kentucky with meetings held on a quarterly basis.

Activity Status

Completed

Activity Outcome

The Partnership for a Fit Kentucky maintains a list serve and website.

Reasons for Success or Barriers/Challenges to Success

Most regional coalition meetings are held quarterly
Some regional partnerships are more engaged than others.
There has been renewed interest in the PFK Regional Partnerships
There is currently no state funding for these partnerships

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to promote the Partnership for a Fit Ky and add partners at both the regional and state level.

Activity 2:**Professional Development**

Between 10/2009 and 09/2010, The state physical activity program will provide at least one two day Physical Activity Conference to teach best practices to all sites funded through PHHSBG allocations.

Activity Status

Not Completed

Activity Outcome

There have been training opportunities through the Healthy Communities Annual Conference and through webinars that are presented by external and national partners which are promoted by the Physical Activity listserve.

Reasons for Success or Barriers/Challenges to Success

There is no longer a two day Physical Activity Conference due to funding issues and travel restrictions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to provide training through integrated methods at such meetings as the Healthy Community Conference, Summer Series on Aging, A Matter of Balance Training, Chronic Disease Self Management,

Activity 3:**Community Wide Campaigns and Social Support**

Between 10/2009 and 09/2010, Through funding to the local/district health departments provide 26 community wide campaigns addressing physical activity and 142 social support interventions in community settings.

Activity Status

Completed

Activity Outcome

There were 26 community wide campaigns completed by local health departments including Second Sunday Initiative.

There were 142 social support interventions in community settings.

Reasons for Success or Barriers/Challenges to Success

Reason Success

Highly motivated local health departments and engaged partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

Impact/Process Objective 2:**Senior Citizens Organizations**

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program working in collaboration with the Department for Aging and Independent Living and the Kentucky Aging Readiness Team will develop two educational opportunities for local senior centers and organizations who offer services to seniors.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program working in collaboration with the Department for Aging and Independent Living and the Kentucky Aging Readiness Team developed two educational opportunities for local senior centers and organizations who offer services to seniors.

Reasons for Success or Barriers/Challenges to Success

There were changes in personnel so although the survey was developed it has not been widely distributed.

Strategies to Achieve Success or Overcome Barriers/Challenges

There is now a staff member for Physical Activity and a task force was formed.

Activity 1:**Kentucky Aging Readiness Initiative**

Between 10/2009 and 09/2010, Partner with the Obesity Program, Osteoporosis Program, Department of Independent Living, YMCA, AARP, Kentucky Injury Prevention, to develop an Aging Policy Portfolio for healthy aging.

Activity Status

Completed

Activity Outcome

The survey was developed, but only reviewed by steering committee and no results available.

Reasons for Success or Barriers/Challenges to Success

Change in staffing

Strategies to Achieve Success or Overcome Barriers/Challenges

Work towards completion next year.

Activity 2:

Kentucky Aging Summit

Between 10/2009 and 09/2010, in partnership with the Kentucky Aging Readiness Team, will conduct one professional development in-service for Kentucky Stakeholders on Aging Portfolio covering the benefits of exercise and physical activity through the life continuum.

Activity Status

Completed

Activity Outcome

The professional development was conducted at the Falls Prevention Summit.

Reasons for Success or Barriers/Challenges to Success

None noted

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Regional Partnership Coalition Participation**

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will increase the percent of of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **50 percent**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator increased the percent of of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **55%**.

Reasons for Success or Barriers/Challenges to Success

There are many partners including the Foundation for Healthy Kentucky and Robert Wood Johnson Foundation as well as National Association of Chronic Disease Directors and the ASTHO who are promoting Healthy Community Coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with internal and external partners and provide technical assistance.

Activity 1:**Partnership for a Fit Kentucky**

Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

The Partnership provides a comprehensive listserve with updates on grant opportunities, training and resources guides introduced by RWJF, CDC and others.

Reasons for Success or Barriers/Challenges to Success

There are multiple national partners with information that can be shared with coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue list serve.

Activity 2:**Kentucky Aging Readiness Initiative**

Between 10/2009 and 09/2010, The Physical Activity Program Coordinator will serve on the steering committee for the Aging Readiness Initiative and provide input and leadership on the Built Environment.

Activity Status

Completed

Activity Outcome

The Physical Activity Coordinator served on the Aging Portfolio Committee.

Reasons for Success or Barriers/Challenges to Success

The Aging Readiness Initiative was a separate program and the survey was completed and results shared by the University of Kentucky.

The Aging Portfolio Committee is ongoing.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to serve on committee

Activity 3:**Second Sunday Initiative**

Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

There were a total of 113 communities who agreed to close down a road in cooperation with the Extension Services. This total is increased by 43 from 2009.

Reasons for Success or Barriers/Challenges to Success

Communities are finding that it is important to engage in public awareness of physical activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Coalitions need to work with local government officials in order to close roads.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Policy and Environmental Change**

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky will conduct 2 trainings on environment and policy change to increase physical activity.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky conducted one trainings on environment and policy change to increase physical activity.

Reasons for Success or Barriers/Challenges to Success

The Healthy Communities conference provided an excellent forum for training and bringing in state and national experts to speak.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with state and national partners.

Activity 1:**CHANGE**

Between 10/2009 and 09/2010, Provide one training to local health department staff on the CDC's assessment tool CHANGE which covers questions pertaining to schools, communities and the built environment which will assist them in developing a comprehensive strategy for physical fitness.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The CHANGE TOOL was not utilized.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Healthy Communities Coordinator and CDC to provide training.

Activity 2:**Kentucky Healthy Community Annual Conference**

Between 10/2009 and 09/2010, In collaboration with the Health Promotion Branch, the state Physical Activity Coordinator will develop and provide an annual Healthy Community Conference for Kentucky stakeholders that will develop competency and methods of increasing access to physical activity through environment and policy change.

Activity Status

Completed

Activity Outcome

The Healthy Communities Conference was held May 6,7 with national speakers and a panel discussion of the funded Healthy Communities.

In addition at the HC conference a training on Students Taking Charge was completed.

Reasons for Success or Barriers/Challenges to Success

Excellent attendance and engagement of partners at the HC conference.

Strategies to Achieve Success or Overcome Barriers/Challenges

Need to plan for additional training throughout the year.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation of Physical Activity Strategies**

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the

Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Success

- Partners in BRFSS collect and analyze data

Barriers

- DataMart has been found to be less than an effective method of evaluation and other programs such as Catalyst are being considered

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look at other methods of evaluation.

Activity 1:

BRFSS and YRBS Data

Between 10/2009 and 09/2010, the Physical Activity Coordinator will work with the state BRFSS program and the YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Not Completed

Activity Outcome

The Physical Activity Coordinator was involved in other programs and has not had time to work with BRFSS and YRBS to analyze the data.

Reasons for Success or Barriers/Challenges to Success

Staffing issues and changes in leadership.

Strategies to Achieve Success or Overcome Barriers/Challenges

Will work with the BRFSS coordinator, the Obesity Coordinator, the Healthy Communities Coordinator and the YRBS Program managed through KY Dept for Education to evaluate and analyze the data.

Activity 2:

DATAMART activity

Between 10/2009 and 09/2010, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

Although activities are recorded there is no way to determine the success of the strategies through DataMart.

Reasons for Success or Barriers/Challenges to Success

The program is a simple access spreadsheet and does not allow for text.

Strategies to Achieve Success or Overcome Barriers/Challenges

Review and evaluate other systems if available and not costly such as Catalyst.

Develop one page reporting documents that are not burdensome and are used by other programs within KDPH.

Activity 3:

Technical Assistance

Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator provided list serves, phone consultations, site visits, and attendance at health fairs and health promotion activities and opportunities.

Reasons for Success or Barriers/Challenges to Success

Determining which sites to visit in order to maintain physical program activities across the state.

Relationship with local health department physical activity coordinators.

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

Activity 4:

Success Stories

Between 10/2009 and 09/2010, At least one success story will be collected from each local/district health department who is funded by the PHHSBG for ongoing evaluation of activities.

Activity Status

Not Completed

Activity Outcome

There were three success stories submitted for this year.

Reasons for Success or Barriers/Challenges to Success

Local health departments do not see value in success stories

There is no consequence of not sending in the success story.

Need additional training for local health departments

Strategies to Achieve Success or Overcome Barriers/Challenges

Provide success story training.

Work with internal partners on how to provide success story training.

National Health Objective: 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):

Between 07/2003 and 12/2010, increase the proportion of young people in grades K-12 who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days.

State Health Objective Status

Met

State Health Objective Outcome

There has been an increase in school districts that provide moderate physical activity for at least thirty minutes each school day through local policy.

There has also been an increase in young people who participate in moderate physical activity due to a recommendation by the Kentucky General Assembly.

Reasons for Success or Barriers/Challenges to Success

Increased awareness and engagement of education officials in physical activity policy.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local partners have engaged local school officials to enhance physical activity access by joint use agreements and incorporation of physical activity in the daily schedule.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Local health departments also utilize the state spread of funding and local tax dollars to fund coalitions and strategies that support increase in physical activity at the local level.

PHHSBG provides minimal funding for these strategies and staff time is normally paid for by local tax dollars.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Community Based Training**

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will provide training opportunities to all fifty six local health departments who are funded by the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator provided training opportunities to all fifty six local health departments who are funded by the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Engaged statewide partners to provide training opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

Activity 1:**Built Environment**

Between 10/2009 and 09/2010, The state coordinator will work in collaboration with the Partnership for Fit Kentucky, Healthy Communities Initiative and the Department for Transportation will develop and distribute evidence based guidelines on the Built Environment to all 56 local and district health departments funded by the PHHSBG.

Activity Status

Completed

Activity Outcome

Distributed evidence based guidelines to all funded health departments through email.

Reasons for Success or Barriers/Challenges to Success

Used published guidelines

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

Activity 2:**Coordinated School Health Training**

Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator In partnership with the Coordinated School Health Interagency Team, will conduct one professional development inservice on increasing physical activity opportunities for the school Pupil Personnel Directors, Family Resource Youth Service Centers, and local/district health departments.

Activity Status

Completed

Activity Outcome

Provided Students Taking Charge training and the Foundation for Healthy Kentucky provided a conference for these recipients called Action for Healthy Kids

Reasons for Success or Barriers/Challenges to Success

Utilized partnerships with statewide experts on the built environment

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work in partnership

Activity 3:**Professional Development**

Between 10/2009 and 09/2010, In partnership with the Healthy Communities Initiative provide six video conferences which can be viewed across the state through a wide network on the transformation to physical activity focused healthy communities.

Activity Status

Not Completed

Activity Outcome

There were no video conferences produced by the Physical Activity Program and Healthy Communities Program however, there was an annual conference and the presentations were given to each attendee and were provided to those who did not attend.

There was one webinar completed for the Healthy Communities funded programs.

Reasons for Success or Barriers/Challenges to Success

There was a transition in staffing and the physical activity coordinator was covering two positions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborate with national and state partners to provide this training next year.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Regional Partnership Coalition Participation**

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **50 percent**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator increased the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **55%**.

Reasons for Success or Barriers/Challenges to Success

There are many partners including the Foundation for Healthy Kentucky and Robert Wood Johnson Foundation as well as National Association of Chronic Disease Directors and the ASTHO who are promoting Healthy Community Coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with internal and external partners and provide technical assistance.

Activity 1:

Partnership for a Fit Kentucky

Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

Activity Status

Completed

Activity Outcome

The Partnership provides a comprehensive listserve with updates on grant opportunities, training and resources guides introduced by RWJF, CDC and others.

Reasons for Success or Barriers/Challenges to Success

There are multiple national partners with information that can be shared with coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue list serve.

Activity 2:

Second Sunday Initiative

Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Activity Status

Completed

Activity Outcome

There were a total of 113 communities who agreed to close down a road in cooperation with the Extension Services. This total is increased by 43 from 2009.

Reasons for Success or Barriers/Challenges to Success

Communities are finding that it is important to engage in public awareness of physical activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Coalitions need to work with local government officials in order to close roads.

Impact/Process Objective 2:

PANTA Plus Manual

Between 10/2009 and 09/2010, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education will publish **one** school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA) and newly added section on Diabetes. This manual was developed in 2006 and is being updated with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education published **but have not distributed a** school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA) and newly added section on Diabetes. This manual was developed in 2006 and is being updated with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions.

Reasons for Success or Barriers/Challenges to Success

The school based guide has been developed, but has not been distributed. It is at the publisher and took additional time to develop. There is no Diabetes section.

Strategies to Achieve Success or Overcome Barriers/Challenges

This manual will be published and distributed this year.

Activity 1:

Manual Distribution

Between 10/2009 and 09/2010, Manuals will be distributed to coalitions, schools, and at partnership meetings with a target of engaging each school district and local/district health department in the state.

Activity Status

Not Completed

Activity Outcome

The manual is at the publishers.

Reasons for Success or Barriers/Challenges to Success

State furloughs and lack of staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work on distribution

Activity 2:

Technical Assistance

Between 10/2009 and 09/2010, Programs that partner in development of the PANTA guide will provide assistance to schools as well as agencies and organizations that partner with schools in designing and planning policies and programs, encouraging environmental change, and promoting overall health of students, staff and the school community.

Activity Status

Not Completed

Activity Outcome

The PANTA guide is not published therefore no assistance has been provided to the agencies and organizations yet.

Reasons for Success or Barriers/Challenges to Success

Guide not published due to funding, staff turnover, layoffs, and furlough dates.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work in collaboration to complete this strategy when the PANTA guide is available which is projected to be May, 2011.

New staff have been hired in Healthy Communities, Tobacco Control, Physical Activity and the Pediatric Obesity Program who can assist in this process.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Policy and Environmental Change**

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky will conduct 2 trainings on environment and policy change to increase physical activity.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky conducted one trainings on environment and policy change to increase physical activity.

Reasons for Success or Barriers/Challenges to Success

The Healthy Communities conference provided an excellent forum for training and bringing in state and national experts to speak.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with state and national partners.

Activity 1:**CHANGE**

Between 10/2009 and 09/2010, Provide one training to local health department staff on the CDC's assessment tool CHANGE which covers questions pertaining to schools, communities and the built environment which will assist them in developing a comprehensive strategy for physical fitness.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The CHANGE TOOL was not utilized.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the Healthy Communities Coordinator and CDC to provide training.

Activity 2:

Kentucky Healthy Community Annual Conference

Between 10/2009 and 09/2010, In collaboration with the Health Promotion Branch, the state Physical Activity Coordinator will develop and provide an annual Healthy Community Conference for Kentucky stakeholders that will develop competency and methods of increasing access to physical activity through environment and policy change.

Activity Status

Completed

Activity Outcome

The Healthy Communities Conference was held May 6,7 with national speakers and a panel discussion of the funded Healthy Communities.

In addition at the HC conference a training on Students Taking Charge was completed.

Reasons for Success or Barriers/Challenges to Success

Excellent attendance and engagement of partners at the HC conference.

Strategies to Achieve Success or Overcome Barriers/Challenges

Need to plan for additional training throughout the year.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation of Physical Activity Strategies

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator collected **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Reasons for Success or Barriers/Challenges to Success

Success

- Partners in BRFSS collect and analyze data

Barriers

- DataMart has been found to be less than an effective method of evaluation and other programs such as Catalyst are being considered

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to look at other methods of evaluation.

Activity 1:

BRFSS and YRBS Data

Between 10/2009 and 09/2010, the Physical Activity Coordinator will work with the state BRFSS program and the YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

Activity Status

Not Completed

Activity Outcome

The Physical Activity Coordinator was involved in other programs and has not had time to work with BRFSS and YRBS to analyze the data.

Reasons for Success or Barriers/Challenges to Success

Staffing issues and changes in leadership.

Strategies to Achieve Success or Overcome Barriers/Challenges

Will work with the BRFSS coordinator, the Obesity Coordinator, the Healthy Communities Coordinator and the YRBS Program managed through KY Dept for Education to evaluate and analyze the data.

Activity 2:**DATAMART activity**

Between 10/2009 and 09/2010, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

Activity Status

Completed

Activity Outcome

Although activities are recorded there is no way to determine the success of the strategies through DataMart.

Reasons for Success or Barriers/Challenges to Success

The program is a simple access spreadsheet and does not allow for text.

Strategies to Achieve Success or Overcome Barriers/Challenges

Review and evaluate other systems if available and not costly such as Catalyst.

Develop one page reporting documents that are not burdensome and are used by other programs within KDPH.

Activity 3:**Technical Assistance**

Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

Activity Status

Completed

Activity Outcome

The Physical Activity Program Coordinator provided list serves, phone consultations, site visits, and attendance at health fairs and health promotion activities and opportunities.

Reasons for Success or Barriers/Challenges to Success

Determining which sites to visit in order to maintain physical program activities across the state.
Relationship with local health department physical activity coordinators.

Strategies to Achieve Success or Overcome Barriers/Challenges

None noted

State Program Title: Rape Crisis Centers-Sexual Assault and Domestic Violence Program

State Program Strategy:

Goal: The overall mission of the Rape Crisis Centers (RCCs) in Kentucky is to lessen the negative and often life altering effects sexual violence and assault have on its victims. These centers are statutorily mandated to provide, at a minimum, crisis telephone lines, crisis intervention and counseling, advocacy services, counseling/mental health services, education/consultation services, professional training and volunteer services. The 13 regional RCCs in Kentucky provide services to victim/survivors of sexual assault and their family and friends.

Priorities: Providing access to medical and legal advocacy in the case of sexual assault to all Kentuckians regardless of geographic area, race, sex, ethnicity or any other perceived barriers is the primary priority of the RCCs as supported through the Department for Community Based Services (DCBS), Division of Violence Prevention Resources (DVPR). One additional major function of the centers is to provide professional training for medical and mental health professionals, health department staff and educators. The RCCs also engage in radio spots, public service announcements, and a month-long awareness and prevention campaign during March which is Sexual Assault Awareness Month.

Role of the PHHSBG: Funding from the PHHSBG is allocated to all thirteen regional Rape Crisis Centers by the Cabinet for Health and Family Services, DCBS, DVPR through a contract with the state sexual assault coalition (Kentucky Association of Sexual Assault Programs or KASAP). The PHHSBG supports the advocacy and educational services offered by these regional Rape Crisis Centers in conjunction with any state general funds, federal funds and other private funding streams or grants.

Partnerships:

Internal Partners include the Cabinet for Health and Family Services, Department for Public Health, Division of Women's Health and the Division of Maternal and Child Health, Chronic Disease Prevention Branch, and the Department for Community Based Services.

External Partners include private physicians, hospitals, mental health centers, Regional Abuse councils, the Kentucky State Police and many local justice jurisdictions as well as private organizations.

Evaluation Methodology: Rape Crisis Centers (RCCs) collect a variety of data for their service array. The number of hotline calls related to victimization, the number of new victims seen physically on-site at the RCCs and the number of times advocates are dispatched for medical or legal advocacy needs are a few of the statistical pieces collected at RCCs. Demographic data are also collected to obtain some estimates of location of interpersonal violence per area development district. Data and statistics are calculated from calls to the hotline as well as certain statistics kept by the Kentucky State Police

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2000 and 12/2010, Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged eighteen years and older to less than 9.4 per 10,000 persons.

State Health Objective Status

Not Met

State Health Objective Outcome

1. Based on extrapolated 2010 census data, Kentucky had a targeted sexual assault victim number of 4,708 persons for this ten year time frame, but based on Kentucky State Police data, 12,608 victims reported sexual assault in that ten-year time frame. The difference between the targeted number of

sexual assaults and the actual KSP reported data represents an increase rather than a decrease in these reported rates of sexual violence.

2. Knowing that there is no causal relationship between the advocacy efforts and hotline accessibility of the rape crisis centers and rates of reported sexual violence does little to assuage the disappointing reality of this crime in Kentucky.

Reasons for Success or Barriers/Challenges to Success

Barriers/Challenges to Success

Over the last ten years the regional Rape Crisis Centers have made tremendous inroads into their communities regarding intervention services available.

- Clearly their efforts are not demonstrated in this data, as these funds have a non-significant impact on the agency's prevention efforts.
- While the Rape Crisis Centers have made great strides in their primary prevention activities and are actively leveraging their available prevention dollars, prevention of this crime is a challenge and one that the rape crisis centers cannot conquer alone.
- Kentucky State Police data clearly indicate an upward trend in reports in the Commonwealth. Additional reporting may be attributed to the knowledge of when and how to report this crime.
- Controlling the rate of this crime with the activities described appears to be unrelated.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The Rape Crisis Centers have committed even more of their own resources toward primary prevention strategies and changed their agency frameworks accordingly to accommodate best practice approaches to both prevention and intervention efforts.
- The Rape Crisis Centers continue their commitment to ending sexual violence in their communities by creating effective prevention strategies that call persons can understand and embrace.
- The Rape Crisis Centers offer all necessary intervention services for those who still experience this crime.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG dollars are a mandatory set aside for the work of the Rape Crisis Centers and are distributed between the 13 regional centers to support staffing, materials and training needs.

The majority of the cost of the Rape Crisis Centers is supported through state general funds and the federal

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Advocacy Services

Between 10/2009 and 09/2010, the thirteen Rape Crisis Centers throughout Kentucky will maintain two methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the thirteen Rape Crisis Centers throughout Kentucky maintained 2

methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Reasons for Success or Barriers/Challenges to Success

1. The 13 Regional Rape Crisis Centers in Kentucky are committed to efficient and effective infrastructure of philosophy, policy and practice that supports victims in their hours of need upon disclosure of sexual violence.
2. In addition, these agencies proactively plan and implement increasingly successful prevention activities that impact their communities' safety in a positive manner.
3. The Rape Crisis Centers have a solid mission statement and regulations that provide governance for each agency
4. The association of the 13 Regional Rape Crisis Centers, the Kentucky Association of Sexual Assault Programs, supports these agencies in their work and provides them with excellent technical assistance and a governance model that empowers its members to make decision best for all the constituents of the centers.

Strategies to Achieve Success or Overcome Barriers/Challenges

No changes in approach are anticipated. Both legal and medical advocacy services continue to be available to all victims and their family/friends and no cost is associated with these services.

Activity 1:

Medical and Legal advocacy services

Between 10/2009 and 09/2010, Rape Crisis Centers will maintain medical and legal advocacy services at no cost to the client.

Activity Status

Completed

Activity Outcome

The 13 Regional Rape Crisis Centers in Kentucky are committed to maintaining an efficient and effective infrastructure of philosophy, policy and practice that supports victims in their hour of need upon disclosure of sexual violence by maintaining both legal and medical advocacy services at no cost. In addition, these agencies proactively plan and implement increasingly successful prevention activities that impact their community's safety in a positive manner.

Reasons for Success or Barriers/Challenges to Success

1. The Rape Crisis Centers have a solid mission statement and regulations that provide governance for each agency.
2. The association of the 13 Regional Rape Crisis Centers, the Kentucky Association of Sexual Assault Programs, supports these agencies in their work and provides them with excellent technical assistance and a governance model that empowers its members to make decisions best for all the constituents of the centers

Strategies to Achieve Success or Overcome Barriers/Challenges

No changes in this approach are anticipated.

Activity 2:

Hotline Calls

Between 10/2009 and 09/2010, The Rape Crisis Centers will provide outreach methods and structure to access the crisis hotline which will increase hotline calls by two percent.

Activity Status

Completed

Activity Outcome

For this reporting period, the Regional Rape Crisis Centers increased their hotline calls by 3.3% by the second quarter of the year and either increased or sustained that rate throughout the year.

Reasons for Success or Barriers/Challenges to Success

The Regional rape Crisis Centers hold the crisis hotline activity closely to their collective heart. This is the one clear avenue of anonymity that victims have as an option for disclosing experiences of interpersonal violence. The agencies will protect this right for privacy for their clients, as it is one of the best conduits for sharing without the fear of being judged.

Strategies to Achieve Success or Overcome Barriers/Challenges

No changes are anticipated in this activity.

State Program Title: Respiratory Disease Program**State Program Strategy:**

Goal: The Kentucky Respiratory Disease Program (KRDP) is committed to reducing morbidity and mortality due to Asthma and COPD in Kentuckians.

Priorities: The Kentucky Department for Public Health (DPH) in cooperation with multiple partners developed, published, and distributed the Physical Activity, Nutrition, Tobacco and Asthma (PANTA) School Resource Guide 2006 and the Asthma Surveillance Document and the Asthma state plan in 2009. All of these publications are available on the DPH website for download.

In 2007, the Kentucky State legislature adopted a resolution addressing COPD and in 2008 passed legislation that addresses asthma. Both resolutions identify asthma and COPD as chronic diseases with substantial cost burdens to the patient, community and to Medicaid. Included in these resolutions are disease management initiatives and Tobacco Cessation and Prevention awareness.

As a result of the resolutions the KRDP will partner with Medicaid, the KY Tobacco Control Program for smoking cessation activities and multiple partners throughout the state in implementation of the Asthma state plan and development of the statewide COPD plan.

KRDP was able to obtain an Asthma Public Health Prevention Specialist through CDC beginning October 2008. This is a two year assignment to work in the continued development of the Respiratory Diseases Program, assist in the creation of an asthma coalition and statewide plans for Asthma and COPD management in Kentucky. The KRDP also received CDC funding for Asthma in 2009.

Persons with asthma and COPD need to be aware of the signs and symptoms of their disease and triggers that cause exacerbations as well as how to manage their medications. Parents of children with asthma, school faculty and staff, and other students also need this education. Patients should develop a written plan in collaboration with their health care providers to help them manage their condition using best practice guidelines such as spirometry and appropriate medications. Because smoking is the number one cause of chronic obstructive pulmonary disease (COPD), smoking cessation is an important component of control.

The KRDP is partnering with the Department of Education to develop a statewide asthma management plan that can be implemented by school districts. This plan will focus on educating school administrators, faculty, staff, students, and parents about current asthma legislation, promoting a healthy school environment, eliminating asthma triggers in the school, and coordinating asthma treatment and management for students affected by asthma.

Primary Strategic Partners: Internal partners include Coordinated School Health, Maternal and Child Health, Environmental Health, Healthcare Access, Health Promotion Branch (Obesity, Physical Activity and Tobacco Prevention and Cessation Program) and Medicaid Services. External partners include the American Lung Association, the Kentucky Department of Education, Passport (MA Managed Care), local and district health departments, universities, Kentucky Medical Association (KMA), private physicians and the Centers for Disease Control and Prevention.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing morbidity and mortality related to respiratory diseases. Both data sources are available on an annual basis (some BRFSS data related to asthma are available every other year). Additional surveys will be utilized to collect data to identify education and awareness gaps in terms of symptoms, medication use, and self management of asthma and COPD. One-page fact sheets and data documents will be updated every one to two years and it is anticipated that a burden document will be produced at least every five years.

National Health Objective: 24-10 Chronic obstructive pulmonary disease (COPD)

State Health Objective(s):

Between 12/2007 and 12/2010, Reduce the COPD hospitalization rate to no more than 56 per 10,000 population.

State Health Objective Status

Met

State Health Objective Outcome

Between 12/2007 and 12/2009 the rate of COPD hospitalization for Kentucky trended at 52.0 per 10,000.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- The KY Department for Public Health (KDPH) has developed a partnership with the national COPD Foundation
- The KDPH has developed a state COPD steering committee with active support from the KY Lung Association
- The steering committee is made up of partners and expert physicians
- There is a dedicated Program Manager for the COPD program job sharing half time with the Tobacco Control Program which is a perfect match for the COPD issue.

Challenges

- KY continues to have the highest smoking rates for adults in the US

Strategies to Achieve Success or Overcome Barriers/Challenges

- The national COPD foundation has funded travel to both the COPD Southeast Regional Conference and the National COPD Conference for the program manager
- The Tobacco Control Program continues to support evidence based cessation programs
- The Kentucky Medicaid Program now pays for Tobacco Cessation Pharmacotherapy
- Utilized the capability of the CDC PHPS personnel to work on the strategic plan
- Held the first annual COPD conference in Kentucky September 2010 bringing together a wide range of experts and stakeholders

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The \$80,000 dollars of PHHSBG funds were leveraged through shared positions providing data, development of tools, and active partnerships to reduce the burden of COPD in Kentucky.

- The Tobacco Control Program in Kentucky provided funds for 3 pilot projects for physician lunch and learns and screening in Eastern Kentucky.
- Epidemiology support was provided through a shared position with the Heart Disease and Stroke Program to develop the first state burden document.
- The National COPD Foundation provided technical assistance and travel stipend for the program manager
- The COPD program received an additional \$50,000 grant from the National Heart Lung and Blood Institute

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:**COPD Data Summaries**

Between 10/2009 and 09/2010, The Respiratory Disease Program will publish 2 existing or newly created data summary reports.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Respiratory Disease Program published 2 existing or newly created data summary reports.

Reasons for Success or Barriers/Challenges to Success**Reasons for Success**

- The Tobacco Control Program created a COPD fact sheet which is accessible on their website
- The CDC PHPS created COPD fact sheets for the pilot project areas where physician lunch and learns and screenings were held.

Challenges to Success

- The COPD burden document was more time consuming than previously planned and has not been published yet.

Strategies to Achieve Success or Overcome Barriers/Challenges

Utilized a collaborative approach to completing the development of the data summary reports.

The COPD burden document is in draft form, but not approved.

Activity 1:**COPD Fact Sheet**

Between 10/2009 and 09/2010, Develop a one page COPD fact sheet/summary of prevalence, hospitalization and mortality data for use by all partners in the state.

Activity Status

Completed

Activity Outcome

The one page COPD fact sheets were developed for use by the community partners in which the pilot projects were completed.

Reasons for Success or Barriers/Challenges to Success

There is no statewide one page COPD fact sheet with data yet due to the time constraints of staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

In the next 3 months, the statewide data fact sheet will be developed utilizing data from the draft burden document.

Activity 2:**COPD Burden Document**

Between 10/2009 and 09/2010, Work in collaboration with the Kentucky Lung Association to create a document that describes the burden of COPD in Kentucky which can be posted on the DPH website for access by providers, organizations and the public.

Activity Status

Not Completed

Activity Outcome

The COPD burden document is in draft form and is to be reviewed by the steering committee and stakeholders by May 2011 at which point it will be placed on the COPD webpage for the KDPH and can be used by stakeholders and partners.

Reasons for Success or Barriers/Challenges to Success**Challenges to Success**

- All steering committee members have not completed review
- The burden document will stay in draft until the additional BRFSS questions are analyzed from 2009

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the steering committee and collaborative partnerships.

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****COPD module development**

Between 12/2009 and 09/2010, the Kentucky Respiratory Disease Program will identify one evidence based online COPD training module which will be placed on TRAIN through the Workforce Development Branch for access by providers throughout the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 12/2009 and 09/2010, the Kentucky Respiratory Disease Program identified 1 evidence based online COPD training module which will be placed on TRAIN through the Workforce Development Branch for access by providers throughout the state.

Reasons for Success or Barriers/Challenges to Success**Barriers/Challenges to Success**

- Time was dedicated to developing partnerships and completing the burden document
- Transition of staff to other programs with limited time for COPD

Strategies to Achieve Success or Overcome Barriers/Challenges

- Steering Committee has medical experts including Pulmonologists from within the state
- The first annual state COPD Summit was held in September, 2010 with training on Early Diagnosis and Intervention, Pulmonary Rehab, Disease Management and a panel discussion of patients living with the disease with CME and CEUs offered
- Experts will be utilized to find the appropriate online training for the coming year.

Activity 1:**COPD Best Practice Guidelines**

Between 12/2009 and 09/2010, A best practice guideline on evaluation of the patient with COPD and current treatment will be disseminated through partnerships and through the public health TRAIN network.

Activity Status

Completed

Activity Outcome

- Health care provider lunch and learns were planned and monitored through collaboration with the Assessment and Treatment sub-committee and the Education and Public Awareness sub-committee of the Kentucky COPD Coalition.
- The KY COPD Summit was held in September 2010 with 60 participants
- The Pulmonary Care Symposium was held in May 2010 with 150 in attendance

Reasons for Success or Barriers/Challenges to Success

- The GOLD standards were provided to participants of the physician lunch and learns.
- A physician champion from the eastern KY area provided presentation on diagnosis and treatment at the lunch and learns
- The COPD Summit provided CEs and CMEs to all licensed attendees for best practice guidelines

Strategies to Achieve Success or Overcome Barriers/Challenges

- The physician lunch and learns were provided in eastern Kentucky areas with higher COPD rates.
- The COPD Summit was for statewide attendees
- The Pulmonary Symposium was for statewide attendees

Activity 2:

Evaluation of COPD training modules

Between 12/2009 and 09/2010, Online evaluations and surveys will be developed through the TRAIN online system in collaboration with Workforce Development in order to analyze the impact of training and make revisions to the module.

Activity Status

Completed

Activity Outcome

Participants in the COPD Summit registered using the TRAIN system online and completed online evaluations.

Reasons for Success or Barriers/Challenges to Success

- The online evaluations will be utilized for future COPD trainings due to the timely feedback received.
- The online evaluations for 2010 were very positive.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continue to use online registration and evaluations.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Integrated Tobacco Cessation Message

Between 10/2009 and 09/2010, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Cessation and Prevention Program will establish one integrated program activity and initiative related to COPD and smoking.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Kentucky Respiratory Disease Program in collaboration with the

Kentucky Tobacco Cessation and Prevention Program established **four** integrated program activity and initiative related to COPD and smoking.

Reasons for Success or Barriers/Challenges to Success

- The Respiratory Disease Program Manager presented a lecture to the Tobacco Coordinators during one of their monthly conference calls.
- The Tobacco Control Nurse Consultant developed and generated a COPD and Smoking fact sheet
- The Tobacco Control Nurse Consultant collaborated on the physician lunch and learns in Eastern Kentucky
- The Tobacco Control Program is part of the COPD strategic planning process
- The Tobacco Control Program provided cessation resources to anyone who was screened at the KY State Fair COPD booth which was staffed by the University of Kentucky and the KY Respiratory Disease Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Respiratory Disease Program will continue to work collaboratively with the Tobacco Control Program in the state.

Activity 1:

Selection of Key Partners

Between 10/2009 and 09/2010, Select key partners including the Kentucky Tobacco Prevention and Cessation Program, the Department for Medicaid Services, the Kentucky Lung Association, the Kentucky Medical Association and the Kentucky Hospital Association to increase COPD awareness and integrated smoking cessation information during the COPD client visit.

Activity Status

Completed

Activity Outcome

- Key partners were selected for the COPD steering committee who meet regularly to plan the annual COPD Summit and review the state strategic plan.
- An annual COPD Summit was convened with key partners, patients, and other stakeholders.

Reasons for Success or Barriers/Challenges to Success

- At the Summit four subcommittees were formed including Education and Public Awareness, Assessment and Treatment, Advocacy and Policy and Data and Surveillance.
- Pharmacotherapy for patients was added as a covered benefit for KY Medicaid recipients

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue collaborative work with all partners and identify new partners for the benefit of the coalition.

Activity 2:

Medicare/Medicaid Coverage of Smoking Cessation

Between 10/2009 and 09/2010, In cooperation with the Kentucky Tobacco Prevention and Cessation Program, engage providers regarding understanding and knowledge of Medicare/Medicaid coverage for tobacco cessation counseling through office visits and brief academic detailing.

Activity Status

Completed

Activity Outcome

The governor issued a press release announcing Medicaid/Medicare coverage for tobacco cessation counseling through office visits and brief academic detailing.

Reasons for Success or Barriers/Challenges to Success

Successes

- Work of advocacy partners and the Tobacco Control Program in the Kentucky.
- Healthcare Reform brought attention to the issue

Barriers

- Need for printed materials

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to work with the providers in the state to take the time to counsel patients and utilize tools as available.